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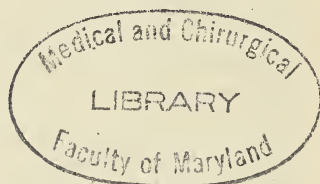
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# INDEX TO VOLUME XX.

PAGE.	PAGE.
Abnormalities and Diseases of the Genito-Urinary System in Negro Women.....	426
Absorption of some Anodynes.....	234
Accuracy in Dispensing .....	299
Acetanilide, Use of in Certain Forms of Neuralgia.....	208
Aged, Medical Treatment of the.....	72
Aggressive Society.....	319
Akromeglia, a Case of.....	147
Albumen and Peptone, Detection of.....	483
Albumen in Urine, Determination of....	184
Albumen in Urine, Estimation of.....	312
Albuminuria and Yellow Fever.....	316
Alcohol, Idiosyncrasies Attending the Use of.....	497
Alcoholism .....	176
American Academy of Medicine.....	15, 36
American Educational Journalism.....	309
American Medical Association.....	491
American Physiological Society.....	378
Amputation of Thigh and Leg.....	303
Anders, J. M.....	467
Anderson, Edward.....	67, 249
Aneurism and Tubercle Bacillus.....	117
Aneurism, A New Treatment of.....	435
Aneurism, Study of.....	415
Ante-partum Hour-glass Contraction of the Uterus.....	201
Ante-partum Tetanoid Contraction of the Uterus.....	218
Anthrax, Case of.....	191
Antifebrin, Poisoning by.....	239
Antipyretics in Typhoid Fever.....	461
Antipyrine in Labor.....	432
Antipyrine in Obstetrics.....	34
Antipyrine in Sciatica.....	438
Antipyrine, Phenacetine and.....	434
Antiseptic and Analgesic Cotton for the Dressing of Wounds.....	493
Antiseptics in Eye Surgery.....	406
Antrum of Highmore, Diagnosis of Disease in the.....	235
Army Medical Board.....	146
Arsenic Poisoning, Beneficial Effects following.....	435
Arsenic, Simple Test for .....	195
Art as a means of Mental Training.....	398
Ashby, T. A., Mention of book by.....	456
Ashton, W. E., Mention of book by.....	353
Asiatic Cholera.....	198
Asphyxiation by Illuminating Gas.....	175
Asthma, An Unusual Cause of.....	376
Astigmatism, Novel Suggestion for the Correction of.....	59
Atkinson, I. E.....	181, 261
Bacillary Phthisis, Contribution to the Study of.....	268
Bacillus of Tubercle, Influence of Certain Medicinal Agents upon, in man.....	414
Baker, H. B., Mention of book by.....	159
Baldness .....	17, 294
Baltimore Eye, Ear and Throat Charity Hospital.....	371
Barium Chloride as a Cardiac Stimulant..	395
Baskerville, R. D.....	328
Batley, Robert, Notice of book by.....	157
Beard, Geo. M., and Rockwell, A. D., Mention of book by.....	270
Beatty, Louis K.....	447
Beer Compared with other Alcoholics....	77
Bidet in Surgery, Notice on the Use of...	256
Biographical Sketches of Maryland Physicians.....	441
Bishop, S. S., M. D., Mention of book by.	354
Bœdecker, C. F. W., and Heitzmann, C. Mention of book by .....	353
Bombangh, Charles C.....	81
Bond, A. K.....	300
BOOK REVIEWS.	
Address of A. E. Baker.....	456
Albuminuria, Clinical Lectures on.....	154
American Association of Obstetricians and Gynecologists, Transactions of.....	159
American Pediatric Society .....	153
Anatomist, Vest Pocket.....	156
Anatomy, Practical .....	153
Archives de Physiologie Normale et Pathologique.....	272
Ascites, Laparotomy for .....	456
Asthma, Relation of Nasal and Neurotic Factors in the Etiology of.....	456
Association of American Physicians, Transactions of.....	272
Babies.....	159
Bacteriology, Surgical.....	454
Below Sea Level.....	159
Bright's Disease of the Kidney.....	271
Cæsarean Section with Oophorectomy....	159
Cancer of Cervix Uteri, Early Recognition of.....	456
Case of Emperor Frederick III.....	156
Cataract Extractions.....	194
Catarrh, Rumbold's Method of Treatment	354
Chemical Notes and Equations for the Use of Students.....	271
Chest, Diseases of .....	152
Chest, Exploration of, in Health and Disease.....	351
Children, A Practical Treatise on Diseases in.....	150
Chorio-retinitis, Double .....	194
Climate of Southern Appalachian.....	194
Coloboma .....	158
Congestive Neurasthenia or Insomnia and Nerve Depression .....	455
Cook Book .....	156
Cornea, Congenital Clouding of the, Affecting two sisters.....	353

	PAGE.		PAGE.
Cultur-Aufgabe des Volksbäder . . . . .	271	Massotherapeutics and Massage . . . . .	454
Dentist, Average . . . . .	157	Materia Medica, Pharmacy and Thera-	
Dentistry, Principles and Practice of . . . . .	456	peutics, Hand Book of . . . . .	351
Dietetics, Manual of, for Physicians,		Mediasttinum, The Pathology, Clinical	
Mothers and Nurses . . . . .	156	History and Diagnosis of Affections of	
Disinfection and Disinfectants . . . . .	157	the, other than those of the Heart and	
Diseased Conditions for which Sea Air		Aorta . . . . .	353
is of doubtful value . . . . .	358	Medical Diagnosis . . . . .	152
Double Ovariectomy during Pregnancy . . . . .	159	Medical Education, and the Regulation	
Ear and its Diseases . . . . .	151	of the Practice of Medicine in the	
Ectopic Pregnancy and Pelvic Hæma-		United States and Canada, Report on . . . . .	359
tocele, Lectures on . . . . .	156	Medical Jurisprudence and Toxicology,	
Eczema . . . . .	158	Textbook of . . . . .	271
Electrical Currents, Alternating and Con-		Medical Society of Pennsylvania . . . . .	157
tinuous, Danger of . . . . .	354	Medical Study, Best Equipment for . . . . .	157
Electricity in the Diseases of Women with		Melancholia in a Woman aged 65 . . . . .	456
Special Reference to the application of		Metric Test Letters . . . . .	158
Strong Currents . . . . .	353	Michigan, Fifteenth Annual Report of the	
Electrolysis in Urethral Strictures, Defence		Secretary of the State Board of Health . . . . .	157
of . . . . .	354	Micrococcus Pasteuri . . . . .	272
Electrolysis in Decomposition of Organic		Mineral and Thermal Springs of Califor-	
Tissues . . . . .	354	nia . . . . .	158
Electrolytic Treatment of Strictures . . . . .	158	Nervous Diseases, Clinical Lectures on	
Electro-Therapeutics, Practical . . . . .	153	Certain Diseases of the . . . . .	155
Elongated Nymphæ . . . . .	157	Nervous Exhaustion, Practical Treatise on	270
Enterostomy for Acute Intestinal Obstruc-		Norristown State Hospital, Second Annual	
tion . . . . .	158	Report of Ophthalmological Department	
Exophthalmic Goitre . . . . .	157	of . . . . .	354
Eye of Adult Imbecile . . . . .	156	Nystagmus . . . . .	158
Eye, A Compend of Diseases of . . . . .	150	Obstetric Aphorisms for the use of Stu-	
Eye Diseases, Hot Water in . . . . .	158	dents commencing Midwifery Prac-	
Favorite Prescriptions of Distinguished		tice . . . . .	353, 453
Practitioners . . . . .	193	Obstetrics, Questions and Answers on the	
Femoral Osteotomy . . . . .	272	Essentials of . . . . .	353
Forceps, Is the Use of Abusive . . . . .	159	Ophthalmic Practice, A Manual of . . . . .	151
Gynecological Operations, A Manual of		Ophthalmology and Otology, Report of	
Minor . . . . .	352	the Committee on . . . . .	354
Gynæcology, A System of . . . . .	149	Ophthalmoscope, The Theory and Prac-	
Gun Shot Wounds of Abdomen . . . . .	159	tice of . . . . .	151
Handbook of the Diagnosis of and Treat-		Orthopædic Surgery, Cases of . . . . .	272
ment of Diseases of the Throat, Nose		Pathology, Manual of General . . . . .	152
and Naso-pharynx . . . . .	270	Pennsylvania State Board of Health . . . . .	157
Hay Fever Manual . . . . .	456	Pharmacy and Therapeutics, Handbook of	157
Headache and Neuralgia . . . . .	193	Phthiology, Handbook of Historical and	
Henry's Posological Table . . . . .	271	Geographical . . . . .	153
Hygiene of the Nursery . . . . .	153	Phthisis, Contagiousness of . . . . .	155
Human Physiology, Text book of . . . . .	151	Phthisis, Preferable Climate for . . . . .	157
Hydrophobia, Report on . . . . .	157	Physics and Chemistry, Essentials of . . . . .	350
Hysteria, Case of Grand . . . . .	159	Physiology, Kirke's Handbook of . . . . .	455
Hysteria and Epilepsy, A Treatise on,		Placental Development . . . . .	194
with some concluding Observations on		Post Graduate Instruction, Necessity for . . . . .	194
Epileptic Insomnia . . . . .	155	Practical Medicine, Elements of . . . . .	152
Hysterorrhaphy . . . . .	193	President's Annual Address . . . . .	157
Inauguration of President Patton . . . . .	159	Pressure Forceps, vs. the Ligature and the	
Inebriate Asylum . . . . .	151	Suture in Vaginal Hysterectomy . . . . .	353
Infektionskrankheiten, Die Bekämpfung		Princeton College Bulletin . . . . .	356
der, insbesondere der Kriegsseuchen . . . . .	155	Procentische, Chemische Zusammenset-	
International Medical Annual and Practi-		zung der Nahrungsmittel der Menschen	
tioner's Index . . . . .	455	Graphisch Dargestellt . . . . .	155
International Pocket Medical Formulary . . . . .	351	Prompt Aid to the Injured, Manual of In-	
Intra-Nasal Hypertrophies and Inflamma-		structions on the Principles of . . . . .	455
tions, Some Mild Measures in the Treat-		Ptomaines and Leucomaines . . . . .	152
ment of . . . . .	456	Pulmonary Consumption Considered as a	
Kidneys, Modern Treatment of Diseases		Neurosis . . . . .	272
of . . . . .	193	Reflex Irritation from Hypertrophy of	
Laparotomy for Ascites . . . . .	456	Labia Minora . . . . .	157
Laryngitis, Chronic Rheumatic . . . . .	159	Relation of Dress to Pelvic Disease . . . . .	157
Legislation in Medical Education . . . . .	158	Relation between General Practitioner	
Life Insurance Examiner . . . . .	154	and Consultant . . . . .	354
Malaria . . . . .	159		



PAGE.	PAGE.
Report of Section on Obstetrics and Gynecology.....	159
Rhinology, Address on.....	158
Science of Successful Surgery.....	456
Skin, Diseases of.....	155
Skin, Diseases of the, Associated with Disorders of the Female Sexual Organs.	353
Skin Diseases, Handbook of the Diagnosis and Treatment.....	351
Skin Diseases of Infancy and Early Life..	270
Skin Diseases in Negroes.....	158
State Medicine, Recent advances in.....	159
Staubsinhalationskrankheiten, Beitrag zur Lehre der.....	353
Stomach, Inflation of with Hydrogen Gas.	158
Subacute Progressive Polymyositis.....	354
Subglottic Laryngeal Tumor.....	158
Surgery, Operations of.....	353
Surgery, Traditional errors of.....	157
Teeth, Contribution to the History of the Development of the Teeth.....	353
Therapeutics, Handbook of.....	454
Urethral Stricture, Treatment of by Electrolysis.....	158
Urinary Sediment, Microscopic Examination of.....	157
Uterine Myoma, Histology and Surgical Treatment of.....	196
Value of 0.25 D. Cylinder Glasses for Headache and Eye pains.....	158
Varicocele, Radical Cure of.....	159
Venereal and Skin Diseases, Atlas of.....	154, 269, 455.
Visiting List, Bryce's.....	156
Visiting List, Medical Bulletin.....	193
Visiting List, Medical News.....	156
Visiting List, Physician's.....	156
Women, Treatise on the Diseases of.....	149
Wood's Medical and Surgical Monographs.....	271, 455
Year Book of Treatment for 1889.....	351
Yellow Fever, Absolute Protection Secured by Quarantine.....	456
Yellow Fever Panic.....	159
Boracic Acid, Uses of.....	371
Boric Acid, Lanolin and, in Skin Diseases in Children.....	16
Bosworth, F. H., Mention of book by....	456
Bovine Tuberculosis, Eradication of.....	415
Bowen, C., Mention of book by.....	351
Brinton, Wilmer.....	481
Buffalo Lithia Water, a Solvent for Uric Acid Calculi.....	48
Buffalo Lithia Water in Kidney and Bladder Disease.....	328
Bulkley, L. D., Mention of book by.....	354
Bullet in the Chest for thirteen years.....	313
Burns and Frostbites, Potassium Permanganate in.....	58
Burt, S. S., Mention of book by.....	351
Black Tongue.....	269
Bladder, Intra-peritoneal Rupture of, Recovery.....	305
Blennorrhœa in Women.....	416
Blennorrhagia of the Nose.....	76
Blisters the Skin Quickly.....	318
Bloodletting, Dr. Crocq on.....	272
Brain, Surgery of the.....	35
Browne, B. B.....	465
Brown, H. P., Mention of book by.....	354
Brown Mixture, Modified Formula for...	399
Brown-Séquard, Mention of book by.....	272
Brown, T. G., Mention of book by.....	152
Cæsarean Section, Triple Delivery by....	357
Calomel, Treatment of Diphtheria by....	451
Calomel, Treatment of Phthisis with....	17
Campbell, C. M., Mention of book by....	270
Cancer, Alleged Increase of.....	190
Cancer of the Cervix Uteri, The early Recognition of.....	433
Cancer, Supposed Bacillus of.....	474
Canfield, W. B., Mention of book by.....	157
Cauquil, C., Mention of book by.....	455
Carbolic Acid and Iodine in Whooping Cough.....	495
Carbolic Acid in Therapeutics.....	61
Carcinoma and Atrophy of the Stomach.	376
Carcinoma of the Kidney, To Diagnose..	263
Cardiac Stimulant, Barium Chloride as a..	395
Cardiac Tonics.....	354
Cardiac Weakness, Danger of Free Drinking in.....	254
Carrier, Albert E., Mention of book by...	158
Carter, Alfred H., Mention of book by....	152
Cataract, Artificial Maturation of.....	338
Catching, B. H., Mention of book by....	157
Cats, Diphtheria from.....	58
Cerebral Surgery, v. Bergmann on.....	195
Cerebro-Spinal Tubercular Meningitis....	106
Cervix Uteri, Syphilitic Diseases of.....	357
Cervix Uteri, The early Recognition of Cancer of the.....	433
Challenge.....	291
Charcot, J. M., Mention of book by.....	155
Chemical Substances: Comparative Value as Antiseptics.....	274
Children, Protecting the Health of Attending the Public Schools.....	137
Chisolm, J. J.....	328
Chisolm, J. J., Mention of work by.....	158, 194
Chloral Hydrate, External Application of in Night Sweats.....	239
Chlorodyne, Poisoning by.....	477
Chloroform in the Treatment of Dyspepsia.....	458
Chlorosis, Administration of Iron in....	406
Chorea, Case of Senile with Remarks....	467
Chunn, Wm. Pawson.....	404
Chyluria, Non-parasitic.....	338
Claiborne, J. H., Mention of book by....	151
CLINICAL LECTURES.	
Atkinson, I. E.....	261
Clinical Teaching, Neglect of.....	437
Coal Stoves, Poisoning by.....	398
Cocaine Poisoning, Remedies in.....	499
Cocaine in the Treatment of Whooping Cough.....	299
Cocaine Poisoning by Vesical Injection..	374
Cockey, Charles H.....	311
Coe, H. C., Mention of book by.....	456
Coffee, Effect on the Urine.....	18
Comma Bacillus.....	178
Communication between the Liquor Amnii and the Maternal Circulation...	28
Connor, L., Mention of book by.....	158
Constipation with Hemorrhoids.....	178
Cordell, Eugene F.....	321, 441



	PAGE.		PAGE.
Corning, J. L., Mention of book by..	155, 293	Doty, Alva H., Mention of book by.....	455
Corpulence, Especially its Treatment by a		Druggists Enter Protest.....	418
Pure Milk Diet.....	281	Drunk or Dying.....	53
Correction.....	179	Dudley, E. C., Mention of book by.....	353
CORRESPONDENCE.		Dujardin-Beaumetz, Mention of book by..	193
Bitartrate of Potash in Puerperal Eclampsia and Bright's Disease.....	249	Dulles, C. W., Mention of book by.....	157
Dangers of Prescribing for the Unseen...	231	Dyspepsia, Chloroform in the Treatment of.....	458
Dysentery, Treatment of.....	67, 134	Dyspepsia of Phthisis.....	54
Hoagland Laboratory.....	170	Dyspepsia with Palpitation.....	207
Medical Practice Act.....	95	Ear Cough, A Case of.....	141
Medical New York.....	142	Eczema of the Nails.....	476
New York Letter.....	70	Education of Girls and Over Pressure....	394
Nitro-Glycerine, A Suggestion of a New Use for.....	133	Electricity in Grave's Disease.....	36
Urinary Casts, How to Preserve.....	311	Electric Light, Is it injurious to the Eyes.	191
Corrosive Sublimate, Addition of an Acid to, Solutions of to Increase their Antiseptic Power.....	58	Electrolysis, Lawson Tait on.....	138
Coryza, Simple Method of Treating.....	494	Eleven Children at Four Births.....	359
Coryza, Treatment of Acute,.....	255	Embolie Gangrene of the Left Foot, Two Cases of, following Injury of the Thorax.....	226
Cough.....	38	Empyema, a new Operative Treatment in.....	457
Coughing in Church.....	78	Empyema, Case of Pneumonia followed by, with Operation.....	447
Crime: Its Physiology and Pathogenesis.....	501	Enterocolitis, Lavage in the Treatment of Chronic.....	54
Cranial Fissure in Early Childhood.....	498	Epilepsy, Treatment of.....	38
Creasotes in Pulmonary Phthisis.....	197	Ergot, Abuse of in Labor.....	404
Creasote with Cod Liver Oil and Saccharin.....	439	Ergot, Action of on the Uterus.....	318
Creolin as an Antiseptic.....	75	Ergot, Hypodermic use of in Facial Neuralgia.....	393
Creolin in Ophthalmology.....	313	Erysipelas, Iodine Applications in.....	496
Creolin Poisoning, Case of.....	314	Erysipelas and Puerperal Fever.....	401
Creolin, Uses of during Labor.....	196	Erysipelas, Treatment of.....	58
Crocker, H. R., Mention of book by.....	150	Erythro-Melalgia.....	370
Croom, J. H., Mention of book by.....	352	Eshner, A. H., Mention of book by.....	119
Crothers, T. D., Mention of book by.....	151	Ether, A new use for during Anæsthesia.	13
Curette in Puerperal Endometritis.....	433	Evans, George A., Mention of book by... 153	
Curtis, B. F., Mention of book by.....	158	Excessive Hæmorrhage following upon Galvano-Cautery Treatment of an Hypertrophied Tonsil.....	258
Cutaneous Swelling and Menstruation...	392	Experimental Nephritis.....	199
Cutler, C. W., Mention of book by.....	350	Experimental Physiology in Fiction....	19
Cystitis, Suppositories for.....	313	Eye, A simple Method of Viewing the Interior of the.....	311
Daly, W. H., Mention of book by.....	456	Eyeball, Operation for Excision of.....	117
Dangerous Drugs.....	118	Eye Diseases, An old book on.....	312
Debate in Medical Societies.....	235	Eye Surgery, Antiseptics in.....	406
Delirium Tremens, Strychnia in.....	57	Facial Neuralgia, The Hypodermic use of Ergot in.....	393
Denison, Charles, Mention of book by... 157		Fallopian Tube, First Operation on.....	16
Dermatoses following Mental Shock.....	375	Fatal Prescription.....	451
Dermoid Cysts of the Intermaxillary Cleft	434	Fecal Impaction, Case of Obstinate.....	446
Diabetes and Tumors.....	377	Ferrand, Dr. Mention of book by.....	155
Diabetes, Kidneys in.....	256	Finger Nails and Nail Brushes.....	56
Dickinson, W. H., Mention of book by.. 455		Fleming, George A.....	141
Digestibility as a Test of Food Value....	392	Flick, L., Mention of book by.....	153
Dignity of the Medical Profession.....	113	Flint, Austin, Mention of book by.....	151
Dilatation of the Stomach, A Rare Cause of.....	279	Fœtus, Development of.....	17
Diphtheria affecting first the Perineal Region.....	453	Fox, S. W. and Gould. Geo. M., Mention of book by.....	150
Diphtheria, Antiseptic Inhalations in...	76	Fungoid Growth on Left Breast.....	363
Diphtheria from Cats.....	58	Gall Bladder, Statistics of Operation on the.....	257
Diphtheria, Treatment of by Calomel....	451	Genito-Urinary System, Abnormalities and Diseases of the, in Negro Women..	426
Diseases of Children.....	76	Gerrish, F. H., Mention of book by.....	157
Disinfection of Surgeons' Hands.....	199	Glycosuria following Intermittent Fever.	75
Doctor as a Civilizer.....	258	Going to Sleep in Church.....	37
Doctor's Bills.....	232	Good Surgeon.....	161
Doctor's Manners.....	295	Gorgas, F. S. J., Mention of by.....	453
Domestic Animals as Vehicles of Infection.....	77		

	PAGE.		PAGE.
Gould, Geo. M. and Fox, L. M., Mention of book by.....	150	Hysteria, Case of Traumatic Tetanus with Development of.....	446
Graves' Disease, Electricity in.....	36	Hysterical Woman, A Case of Rapid Pulse in a.....	361
Graves' Disease, High Altitude in.....	96	Icterus Neonatorum.....	190
Growth Rate, of Bones in the Lower Extremities.....	237	Ignipuncture of the Tonsils.....	374
Gwyn, Charles L.....	61	Illegible Prescriptions.....	257
Gwyn, C. L., Mention of book by.....	159	Imaginary Lingual Ulceration.....	236
Hæmatemesis to the Extent of over two Gallons of Blood, with Recovery.....	349	Imperforate Hymen.....	147
Hæmoglobin, Formation of in the Spleen.....	375	Incompatible Antiseptics.....	178
Hæmoptysis.....	308	Incontinence, Nocturnal, in Children....	57
Hæmorrhage in Sacculism.....	355	Inco-ordination of the Muscles of Speech, A Case of; Treatment followed by Great Improvement.....	25
Hæmorrhagic Scarlatina, Report of a Case	423	Infantile Asphyxia, Tincture of Phosphorous in.....	96
Hæmorrhoids, One Thousand Operations for, by the Method of Ligation.....	417	Infantile Convulsions.....	337
Hands, Physician's care of his.....	318	Infantile Syphilis, Mortality from.....	258
Hare, H. A., Mention of book by.....	351	Inferiority of the Left Side of the Body..	438
Harlan, Herbert F.....	406	Ingalls, E. F., Mention of book by....	158, 159
Harris, Chapin A., Mention of book by..	456	Ingrowing Nail, Bloodless Methods of Treating.....	119
Harris, Vincent D. Mention of book by	152, 455	Ingrowing Toe-Nail, Treatment of.....	377
Health, Bureau of.....	117	Index.....	517
Health Bureau Proposed.....	137	Insolation, A Case of in a Child four years old, followed by Recovery.....	125
Heath, Christopher, F. R. C. S., Mention of book by.....	153	Insomnia.....	256
Heitzmann, C., and Bödecker, C. F. W., Mention of book by.....	353	Intermittent Fever, Glycosuria following.	75
Hemorrhage, Fatal Case of, from a normally implanted Placenta.....	481	International Congress of Dermatology and Syphilography.....	436
Henry, H. M., Mention of book by.....	159	Intra-Uterine Life, Duration of.....	196
Hepatic Surgery, A Suggestion in, with an Illustrative Case.....	124	Iodine Application in Erysipelas.....	496
Hernia, Diagnosis of.....	439	Iodine, Carbolic acid, in Whooping-Cough.....	495
Happiest of Nations.....	514	Iodized Oil.....	57
Hernia, Report of a Case of Strangulated Femoral, in a Woman 80 years of age. Operation, Recovery.....	306	Iodide of Potassium, the Antidyspœic Action of.....	277
Higgins, Charles, Mention of book by....	151	Idoform Suppositories in Chronic Inflammation of the Rectum.....	393
Hines, W. Frank.....	134	Iron, Administration for, in Chlorosis....	496
High Altitudes in Grave's Disease.....	96	Jacobsen, W. H. A., Mention of book by.	353
Higher Medical Education.....	475	Jacoby, G. W., Mention of book by.....	354
Hobbies.....	148	Jænton, Pierre, Mention of book by.....	271
Hodgdon, Alex. L.....	25, 125, 327	Jaundice following a Stroke of Lightning.	378
Hodgdon, A. L., Mention of book by.	158, 456	Jay, John E., Mention of book by.....	159
Hoffman, Robert.....	263	Johns Hopkins Hospital.....	394
		Johnson, George.....	95
		Johnston, George Woodruff.....	426
		Jürgensen, Cha., Mention of book by....	155
		Kay, T. W.....	124, 226, 285, 383
		Keen, W. W.....	484
		Kellogg, J. H., Mention of book by.....	157
		Keloid, Resorcin in the Treatment of....	32
		Kidneys in Diabetes.....	256
		King, J. T.....	424
		Kipp, C. J., Mention of book by.....	153
		v. Klein, C., Mention of book by.....	158
		Kloman, W. C.....	134
		Knipp, H. E.....	41, 423
		Kock, R., Mention of book by.....	155
		Kunze, F., Mention of book by.....	353
		Labor, Antipyrin in.....	432
		Laird, E. C.....	48
		Lanolin and Boric Acid in Skin Diseases in children.....	16
		Lanolin, Effect of in Micro-organisms....	76
		Laparotomy, Notes of a Successful Case of, for Injury by a Circular Saw.....	185
		Laparatomies, Second Series of One Thousand.....	175

# HOSPITAL REPORTS.

Baltimore Eye, Ear and Throat Charity Hospital.....	371
Presbyterian Eye, Ear and Throat Charity Hospital.....	328
House Sweepings and Consumption.....	179
Hovell, T. M., Mention of book by.....	455
Hurd, E. P., Mention of book by.....	155, 193
Hutchinson, J., Mention of book by.....	155
Hutchinson, William F., Mention of book by.....	153
Hydatidiform Mole, Malignant Disease following.....	356
Hydatids of the Abdomen, Treatment of	478
Hydrofluoric Acid Treatment of Phthisis.	435
Hydrosalpinx and Cystic Ovary, A Case of, Laparotomy; Cure.....	106
Hygiene of Dress.....	474
Hygiene, School of, at Rome.....	18
Hyoscine. Therapeutic Action of.....	459
Hypnotic. A new.....	438



	PAGE.		PAGE.
Laboratory Work and Medical Practise...	515	Mineral Waters of the United States, The	
Laryngeal Nerve, Recurrent.....	36	Therapeutic Value of the, upon Malarial	
Laryngeal Phthisis Curability and Treat-		Diseases; with Rules for their Use.....	21
ment of.....	379	Mineral Waters, The Use of in Malarial	
Laryngeal Phthisis, Treatment of with		Diseases.....	33
Calcium Phosphate.....	279	Monstrosity, Report of a.....	486
Lassar, Oscar, Mention of book by.....	271	Morison, R. B., Mention of book by.....	158
Latham, F. M.....	491	Morphine, A new Antidote for.....	459
Lavage in the Treatment of Chronic En-		Morphine Habit.....	489
tero-Colitis....	54	Morris, John.....	404, 501
Lead-Poisoning.....	59	Morrow, Prince A., Mention of book by..	154,
Lee, Charles Carroll.....	121	455.	
Lee, C. C., Mention of book by.....	193,	Moseley, William E.....	381
Leech, D. Olin.....	446	Multiplication of Useless Drugs.....	81
LeHardy, J. C., Mention of book by.....	159	Mumps and Double Orchitis.....	376
Leonard, C. H., Mention of book by.....	156	Murray, R. M., Mention of book by.....	271
Leprosy in New Orleans.....	72	Murrell, William, Mention of book by...	454
Leprosy inoculated in a criminal.....	239	Music in Medicine.....	73
Leucocythæmia with Report of a Case....	41	Myrtol as a Disinfectant of the Respira-	
Lewis, R. J., Mention of book by.....	157	tory Passages.....	359
Lightning, Jaundice following a Stroke of	378	Nail Brushes and Finger Nail.....	56
Findley, W., Mention of book by.....	159	Nails, Eczema of.....	465
Loomis, A. L., Mention of book by.....	27	Nasal Affections. Treatment of.....	358
McClellan, E., Mention of book by.....	354	Nasal Diphtheria of Childhood.....	413
McNutt, W. F., Mention of book by.....	158	National Board of Health.....	139
Malaria, Microbe of.....	310	Necessity for Wearing Glasses.....	273
Malarial Diseases, The Use of Mineral		Necrosis and Gangrene produced by Car-	
Waters in.....	33	bolic Acid.....	276
Malarial Diseases, The Therapeutic Value		Neale, L. E., Mention of book by.....	159
of some of the Mineral Waters of the		Negligent Operating, Charge of.....	317
United States upon; with Rules for their		Negroes, Measles in.....	17
Use.....	21	Negro Women, Abnormalities and Dis-	
Male Fern, Danger of large doses of.....	135	eases of the Genito Urinary System in..	426
Male Sterility and Gynecology.....	278	Nelson, Wolfred, Mention of book by....	456
Mansfield, A. D.....	65,	Nephrorectomy, Uncompleted.....	484
Mann, Matthew D., Mention of book by...	149	Nervous Cough, A Contribution to the	
Marcey, H. O., Mention of book by.....	194	Study of.....	341
Markedly Protracted Course of Suppura-		Nettle as as Epispaetic.....	491
tive Otitis Media in three Cases of Tu-		Neuralgia, On the Use of Acetanilides in	
berculosis.....	375	Certain Forms of.....	208
Maryland Physicians, Biographical		New Infectious Diseases.....	314
Sketches of.....	441	Newman, R., Mention of book by.....	158
Massey, G. Betton.....	84	Night Sweats.....	405
Massey, G. B., Mention of book by.....	353	Night Sweats, External Application of	
Mays, Thos. J. Mention of book by.....	272	Chloral Hydrate in.....	239
Measles in Negroes.....	17		
Medical Bill of the Olden time.....	496		
Medical and Chirurgical Faculty.....	452, 475,		
490	513		
MEDICAL ITEMS....20, 40, 60, 80, 100, 120, 140,			
160, 180, 200, 220, 240, 260, 280, 300, 320,			
340, 360, 380, 400, 419, 439, 460, 480, 500,			
516			
Medical Microscopists.....	98	Objectives, Method of Using, in the	
Medical Practice Act.....	97	Study of Bacteria.....	437
Medical Profession in Russia.....	198	Obtiterated Scale of Clinical Thermome-	
Medical Profession overcrowded.....	396	ters.....	78
Medical Societies Profitable.....	307	Obstetrics, Antipyrine in.....	34
Medical Voluptak.....	236	O'Donovan, Jr., C.....	361
Meier, G. C. H., Mention of book by....	158	Oliver, Charles A., Mention of book by—	
Melancholia in a Woman aged about sixty-		..... 156, 158, 194,	354
five years, Recovery Under Treatment.,	327	Opening for a Doctor.....	495
Menorrhagia in a Virgin.....	404	Ophthalmia Neonatorum.....	316
Micro-organisms, Effect of Lanolin on...	76	Ophthalmological Test for Feigned Blind-	
Microscopical Examination of Urine, A		ness in one Eye.....	375
Hint for.....	494	Opie, Thomas.....	363
Milk Curdling Ferment of the Stomach..	98	Opie, T. Mention of book by.....	159
Milk, Scarlet Fever.....	135	Opium Habit, The Causes and Prevention	
Milk, Use and Abuse of.....	37	of, and Kindred Affections.....	101
Miltnerberger, G. W.....	201	Original Articles in Medical Journals....	218
		Otscopy in Diseases of the Spinal Cord..	418
		Overcoats.....	397
		Packard, John A.....	185



PAGE.	PAGE.
Palmer, B. W., Mention of book by .....	193
Paraldehyde Habit .....	373
Parloa, Maria, Mention of book by.....	156
Pastes in Dermatology.....	179
Pasteur Institutes in Italy .....	339
Patent Medicines.....	477
Payne, Joseph F., Mention of book by....	152
Peebles, T. C.....	349, 421
Pelvic Pain, Electrical Treatment of.....	84
Peptonuria, Significance of during Preg- nancy .....	399
Pericarditis, Diagnosis of.....	438
Peripheral Neuritis.....	457
Pernicious Anæmia.....	14
Phagocytosis.....	513
Pharmacopœia U. S. A., Seventh Decen- nial Convention for.....	494
Phenacetine and Antipyrine.....	434
Phenacetine in Whooping Cough.....	496
Phlegmasia Dolens, A Fatal Case of Dou- ble, with Remarks on the Nature of the Disease .....	301
Photography of the Male Bladders.....	239
Phthisical Sweat, Infectivity of.....	417
Phthisis.....	59
Phthisis, Dyspepsia of.....	54
Phthisis, the Hydrofluoric Treatment of..	435
Phthisis, Management of.....	227
Phthisis, Lamin Treatment of Brussels..	42
Phthisis, Treatment of.....	178
Phthisis, Treatment of with Calomel.....	17
Physic Tipping.....	73
Physician, Relation of the, Medical Society.....	55
Physician's Fees.....	297
Physiological Heart Murmurs in Healthy Individuals.....	292
Pickel, John U.....	446
Pittsburgh Doctors Must Wake Up.....	314
Placenta, Fatal Case of Hemorrhage from a normally implanted.....	481
Platt, W. B.....	306
Pleuro-pneumonia, Prevention of.....	36
Pneumonia.....	408
Pneumonia, Case of, followed by Empey- mia, with Operation.....	439
Pneumonia, Etiology of.....	355
Pneumonia, Treatment of.....	138
Poisoning by Antifibrin.....	239
Poisoning by Chlorodyne.....	477
Poisoning by Coal Stoves.....	393
Postage Stamp, Danger in the.....	238
Post-Graduate Instruction, The Necessity, for in the Present State of American Medical Education.....	121, 136
Post-Mortem Warts.....	359
Potassium Permanganate in Burns and Frostbites.....	58
Potato Poisoning.....	79
Potter, W. W., Mention of book by.....	158
Pregnancy and Operative Surgery, Their Mutual Relation.....	221, 241
Pregnancy, Significance of Peptonuria during.....	399
Premature Labor, Induction of.....	78, 378
Presbyterian Eye Ear, and Throat Hospital	293
President's Address.....	181
Price, Morlecai.....	303
Pritchard, W. B., Mention of book by....	156
Prize Essays.....	370
Prophylactic Agent.....	139
Publication of Brief Notes of Cases.....	337
Puerperal Eclampsia, A Case of, with Spontaneous Delivery at Seventh Month .....	247
Puerperal Endometritis, The Curette in..	433
Puerperal Fever, Erysipelas and.....	401
Pulmonary Actinomycosis.....	175
Pulmonary Phthisis, Creasote in.....	197
Pulmonary Syphilis.....	477
Pupillary Contraction due to the Salicy- lates.....	373
Pure Chloroform .....	279
Purrrington, W. A., Mention of book by..	158
Pylorotomy.....	217
Qualitative Tests and Quantitative Estima- tion of Sugar in Diabetic Urine.....	286
Randolph, R. L., Mention of book by.....	353
Rapid Pulse, A Case of in Hysterical Woman .....	361
Rare Complication of Labor Simulating Rupture of the Uterus.....	405
Ranch, J. H., Mention of book by.....	354
Reading in Bed.....	176
Rectum, Iodoform Suppositories in Chronic Inflammation of the.....	393
Reed, B., Mention of book by.....	353
Reese, John J., Mention of book by.....	270
Reflex Irritation, The Effects of.....	34
Removal of Cerumen and the Prevention of Consequent Furuncles.....	374
Resorcin in the Treatment of Keloid.....	32
Rhamnus Purshiana in Rheumatism.....	55
Rheumatic Tetanus, Treatment of.....	76
Rheumatism, Rhamnus Purshiana in....	56
Richardson, C. W.....	341
Ringer, Sydney, Mention of book by.....	454
Roberts, John B. Mention of book by.....	456
Rockwell, A. D. and Beard, G. M., Men- tion of book by.....	270
Rohé, Geo. H.....	281
Rohé, G. H., Mention of book by.....	353, 354
Ruptured Perineum, Tait's Operation for, in Russia.....	477
Saccharin .....	317
Saccharin as an Antiseptic.....	459
Salicylates, The "After taste" of the....	59
Salicylates, Pupillary Contraction due to the.....	373
Salicylism, Hemorrhage in.....	358
Scarlet Fever, Liability to.....	99
School of Hygiene at Rome.....	18
Schweig, Henry, Mention of book by....	156
Sciatica, Antipyrine in.....	438
Sea-Vertigo, Experimental Studies on....	239
Seiler, Carl, Mention of book by.....	270
Senn, N., Mention of book by... 158, 159,	454
Septic Poisoning in Early Life.....	315
Sexes, Determination of the.....	57
Sexton, Samuel, Mention of book by.....	151
Shurly, E. L., Mention of book by.....	456
Silver Poisoning from the Prolonged Ap- plication of Caustic.....	13
Simon, R. M., Mention of book by.....	155
Sinclair, W. J., Mention of book by.....	271
Singular Application.....	176
Skene, Alex. J. C., Mention of book by..	149
Skilling, W. Q.....	305
Skin Diseases in Children, Lanolin and Boric Acid in.....	16
Slight Aortic Insufficiency.....	293
Slow Pulse and its Pathogeny.....	493

	PAGE.		PAGE.
Smart, L. G.,.....	247	Tracheotomy Tube in the Bifurcation of the Bronchi.....	479
Smith, A. H., Mention of book by.....	456	Transplantation of Mucous Membrane from the Mouth to the Conjunctiva....	512
Smith, Eustace, Mention of book by.....	150	Traumatic Tetanus, Case of, with Development of Hysteria.....	446
Smith, Joseph T.....	227	Tubercle Bacillus, The Structure and Mode of Propagation of the Tubercle Bacillus.....	136
SOCIETY REPORTS.		Tubercle of the Vagina and Cervix Uteri.....	275
Baltimore Academy of Medicine 26, 91, 130, 171, 187, 250, 387.		Tuberculosis, Communication of.....	278
Baltimore Medical Association 49, 68, 125, 189, 232, 289, 330, 386, 430.		Tuberculosis, Cure of.....	436
Clinical Society of Maryland, 10, 69, 114, 144, 213, 251, 265, 334, 367, 389, 429, 487.		Tuberculous Sputum, Virulence of.....	298
Clinico-Pathological Society of Washington, D. C.....	350, 448	Tubes and Ovaries, Removal of, for Pelvic Inflammation, with the Report of four Cases.....	465
Electro-Therapeutical Society of Baltimore	87	Typhoid Fever, Accidental Rashes in....	238
Gynecological and Obstetrical Society of Baltimore.....	7, 107, 210, 364, 409	Typhoid Fever, Antipyretics in.....	461
Medical and Chirurgical Faculty.....	11	Typhoid Fever, Six irregular Cases in one Family.....	421
Medical and Surgical Society of Baltimore	449	Union Protestant Infirmary.....	371
Soja, The Use in Therapeutics of.....	254	University of Maryland.....	469
Somatic and Cellular Death.....	292	University of Maryland, Introductory Chapter of a Historical Sketch of.....	1
Something New.....	33	University of Maryland School of Medicine, Sketch of, from the Usurpation of the Trustees, 1825, to the Death of its Founder, Prof. Davidge, in 1829.....	321
Spinal Cord, Otoscopy in Diseases of the.....	418	Uric Acid and Mental Depression.....	339
Spleen, Spontaneous Rupture of.....	357	Uric Acid Calculi, Buffalo Lithia Water, a Solvent for.....	48
Splenectomy in Spain.....	294	Urinary Calculus and Lithotomy.....	383
Spontaneous Bacteriothrapy.....	38	Urine, Effect of Coffee on the.....	18
Starr, Louis, Mention of book by.....	153	Uterine, Adeno-Sarcoma with Pyometra.....	285
Statistics of Abdominal and Pelvic Surg'ry	437	Uterine Hæmorrhage, Influence of Strophanthus on.....	426
Sternberg, G. M., Mention of book.....	272	Vaccinated, By whom should one be....	319
Stewart, T. G. Mention of book by 154, ..	271	Van Bibber, W. C.....	21, 161
Stillman, Charles F., Mention of book by.	154	Vance, Ap. Morgan, Mention of book by.	272
Stomach-Washing in Infants.....	490	Van Harlingen, A., Mention of book by.	351
Strophanthus and Strophanthine.....	313	Vaughan, Victor C., Mention of book by.	152
Strophanthine.....	178	Very Hot Compresses in Surgical Practice	146
Strophanthus, Action of on the Circulation	424	Vesical Expression.....	358
Strophanthus, Influence of on Uterine Hæmorrhage.....	426	Virgin, Menorrhagia in a.....	404
Strophanthus in Pneumonia, with threatened Heart Failure.....	308	Virginia, Medical Examiners.....	34
Strychnia in Delirium Tremens.....	57	Warm Food vs. Drink.....	
Students, Number of.....	178	Washington News and Comments...19, 38, 79, 99, 139, 179, 219, 259, 299, 379, 419, 439, 479	
Sugar in Urine, Detection of.....	496	Whaley, Fred. S.....	48
Sugar in Urine, Reagent for Testing in.....	178	Whittle, E. G., Mention of book by.....	455
Suicides in France.....	71	Whooping Cough, Carbolic Acid and Iodine in.....	495
Sulphonal.....	177	Whooping Cough, Cocaine in the Treatment of.....	299
Sulphonal, Physiological Action of.....	416	Whooping Cough, Phenacetine in.....	496
Suppurating Par-Ovarian Cyst.....	381	Williams, A.....	426
Surgerv of the Brain.....	25	Williams, John W.....	45
Swayne, J. G., Mention of book by..	353, 453	Wilson, J. C.....	101
Sympathetic Ophthalmia, The Pathogenesis of.....	277	Wilson, Robert T.....	401
Syphilis, Pulmonary.....	477	Winslow, Randolph.....	106
Syphilitic Disease of the Cervix Uteri....	357	Winter Dress of Men.....	32
Syphilitic Disease of the Eyelids, Treatment of.....	336	Witherstine, C. S., Mention of book by..	351
Tænia Salium, Cycle of.....	65	Wounds, Healing of.....	58
Tait, Lawson, Mention of book by... 156, 192		Yellow Fever, Albuminuria in.....	316
Tannin Treatment of Phthisis in Bruises	432	Yellow Fever Germ.....	276
Taste in the Mouth.....	315	Yellow Fever and Its Prevention.....	174
Taylor, Rob't W., Mention of book by. 154, 269		Yellow Fever, Prevention of, in Florida and the South.....	161
Tea and Tea Drinking.....	298	Yellow Fever, Specific Germ of.....	219
Telephone, Fatigue from the Use of the..	139	v. Ziemssen, H., Mention of book by....	455
Tetanoid Falciform Contraction of the Uterus.....	201		
Thread and Needle Swallowed.....	138		
Thoracic Aneurism, Treatment of.....	74		
Tiffany, L. McL.....	221, 241		
Tincture of Phosphorus in Infantile Asphyxia.....	96		
Tonsillitis, Treatment of.....	339		



Original Articles.

INTRODUCTORY CHAPTER OF  
A HISTORICAL SKETCH OF  
THE UNIVERSITY OF  
MARYLAND.\*

BY EUGENE F. CORDELL, M.D., BALTIMORE.

Baltimore ranked as a town of but little consequence prior to the Revolution. During that struggle, however, it made marked progress, and in 1783 the population was estimated at over 8,000. The period immediately following the Revolution was characterized by rapid development in population and the industrial pursuits. Several physicians, who afterwards became eminent, settled here at that time, and the first evidence of a professional spirit was then manifested. The establishment of the University of Maryland may be regarded as the final and crowning event of a long series of discussions, plans and attempts, all looking towards organization of the profession, and the securing of opportunities for advanced medical instruction for this community. As these have therefore a relation to and bearing upon the institution, whose history it is proposed in the following pages to sketch, it becomes necessary to devote a brief space to their consideration.

The first indication of professional life was an interesting discussion in the newspapers, which began about 1785 and continued at intervals through several years, upon the subject of medical reform and suppression of quackery. In July 1788 a medical writer suggested that a law be passed restricting the practice of medicine to those duly qualified, and at the close of this year a petition was in circulation among the citizens of the town and State, for presentation to the General Assembly, praying that body to institute measures for the "better regulation of medical

practice" in the community.\* In furtherance of this movement, and for the purpose of discussing the most eligible plan for carrying it out, a society was formed by the physicians of the town, to whose meetings the physicians throughout the state were invited, those who were unable to attend being requested to send their views in writing. A plan was sketched for a state medical society, embracing the main features of the charter of the Medical and Chirurgical Faculty of Maryland, and the success of the movement seemed on the point of being attained when further progress was cut short by the death of its chief patron and promoter, Dr. Charles Frederick Wiesenthal.

Charles Frederick Wiesenthal was born in Germany in 1727. He arrived in Baltimore in 1755 and continued to practise here from that time until his death in 1789. He held several offices in the State troops and superintended the manufacture of saltpetre during the Revolution. He was much esteemed and beloved. One of his pupils (Dr. Geo. Buchanan) in dedicating his inaugural thesis to him (Phila., 1789) speaks of him as the Sydenham of Baltimore. The obituary notice of Dr. W. is headed: "The shaft he so often warded from others has pierced him at last." (See the newspapers of the last century).

In the fall of 1789 a more complete organization of the physicians of the town was effected, to which the name "Medical Society of Baltimore" was given. Dr. Andrew Wiesenthal, a son of Dr. Charles F. Wiesenthal, and Dr. George Buchanan, both of whom had recently returned to the city from extensive studies abroad, were its leading spirits. Under its auspices dissection was attempted and the body of an executed criminal was procured for the instruction of the students of anatomy and surgery in the town. The populace, however, interfered and took possession of the body, which proved a great damper upon the ardor of the teachers.†

During the ensuing winter (1789-90) Dr. Wiesenthal lectured upon anatomy

\*This work was contemplated by the author in 1881, but did not meet with encouragement sufficient then to justify publication. It has recently been completed and is now nearly ready for the printer. It will be an accurate and faithful sketch, prepared with much cost of time and labor, and as the price will be very moderate it is hoped that the alumni of the school will be liberal in their patronage of it.

\*To this call it is significantly added that "empirics are most particularly prevalent in Baltimore." What would have been the writer's astonishment and disgust could he have foreseen that the same statement would be equally true one hundred years from that time—in the present year of grace, eighteen hundred and eighty-eight!

†Newspapers and Griffith's Annals.

and surgery to a class of fifteen, and Dr. George Buchanan upon obstetrics to a class of nine.\* The success of this first attempt led in the spring of 1790 to the organization of a "Medical School," and a full Faculty, which, besides the two already mentioned, included other men of prominence and known ability, and doubtless well-qualified to do honor to any institution with which they might be connected. Several of the members of this Faculty were physicians to the county and town almshouse, then located at the head of Howard street, a circumstance which seems to have offered advantages for clinical teaching. A public hospital was also contemplated and the benefits to be derived from its establishment were duly dwelt upon in the published advertisements. The facilities for instruction were to be still further increased by a lying-in-hospital, and Dr. Buchanan published a "Treatise on Typhus Fever," for the purpose of raising funds for it.

This institution was destined to but a brief existence. The Medical Society was dissolved before midsummer and none of the proposed lectures appear to have been delivered the next winter.

Dr. Andrew Wiesenthal obtained his medical education in Scotland. He returned to Baltimore in 1789. He was Judge of the Orphans' Court in 1796. He died in 1798, aged 36.

Dr. George Buchanan was a member of the city council in 1797, the year after Baltimore became a city, and the following year a magistrate. He retired from practice in 1800 on account of bad health. He moved to Philadelphia in 1806, became Lazaretto physician of that city, and died there of yellow fever in 1808, at the age of 45 years. He was a man of advanced views and public spirit, urging the registration of births, the formation of a public park, and the organization of a humane society (1790), delivering an address upon the "moral and political evils of slavery" (1791), and aiding in the foundation of the Medical and Chirurgical Faculty of Maryland (1799).

Although this enterprise met with so little success, Dr. Wiesenthal did not abandon the idea of a medical school. In the fall of 1797 he advertised lectures on anatomy, surgery and midwifery, to commence the first Monday in November,

and a notice also appeared in the papers, most likely emanating from him, of a medical seminary, several courses of lectures in which were already in preparation for the ensuing winter. The proposed removal of Prof. Rush from Philadelphia to New York, it was thought, would greatly favor the success of this undertaking. No further notice or information is given of this enterprise which evidently shared the fate of its predecessor.

Although delayed, these various efforts were not without practical results, and they served at least to keep alive in the breasts of the more advanced thinkers of the profession, aspirations for better things. Their culmination was reached in 1799, in the passage by the General Assembly of the state of the charter of incorporation of the Medical and Chirurgical Faculty of Maryland. Those were wise and far-sighted physicians who conceived and caused to be passed by the highest legislative tribunal of the state this admirable law, which at once united all the practitioners in the state into a comprehensive organization, and conferred upon them in their corporate capacity absolute control of all professional interests. That this charter has fallen into desuetude and proven inoperative in the course of years is due to the apathy and want of spirit of their successors, and illustrates a well-known truth, that not merely are good laws necessary but the men to see to their execution.

Shortly before this two young physicians had settled in Baltimore, whose influence upon the future university, was to be paramount. These were Drs. John Beale Davidge and Nathaniel Potter. The former came to Baltimore in 1796, the latter a year later.

From the time of his arrival, as we learn from Dr. Potter, Dr. Davidge entertained the idea of founding a medical school, and the subject formed a frequent topic of conversation between the two, but they were unable to find any others "who were willing to embark in an untried experiment so inauspicious and problematical." According to some he began to teach in 1800. Certain it is that as

\*A complimentary notice of these lectures by the students in attendance appears in the papers the following March.



early as December, 1802,\* we find his card announcing a "private course of lectures."

At the biennial meeting of the Medical and Chirurgical Faculty of Maryland held in June, 1803, a resolution was adopted appointing a committee of five "to digest a plan for the establishment of a college of physicians and report thereon at the next meeting."† Among the members of this committee were Drs. George Brown and Davidge. Some light may be thrown upon the labors of this committee by the fact stated in a memoir of Dr. William Donaldson‡ that he received his diploma "a Collegio Medicorum in Civitate Marylandiæ," and the writer has seen diplomas issued by the Medical and Chirurgical Faculty under this title.§ This diploma, however, was little more than a certificate or license and Dr. Donaldson never assumed the title of M.D. on such a ground.|| This evidently could not be the "school" contemplated by Dr. Davidge.

Prof. Sewell, in a lecture delivered at the opening of the Medical Department of Columbia College, in the District of Columbia, March 30, 1825, sketches the origin and career of the medical schools then in existence. Speaking of the University of Maryland, he says, "it owes its origin to Dr. John B. Davidge, who, in 1804, commenced a course of medical lectures on midwifery to a class of six; the year afterwards on anatomy and surgery to a class of seven, and in 1806 to a class of nine."

According to Prof. Potter—writing several years after Dr. Davidge's death, viz: in 1838\*—he delivered a course on obstetrics in the winter of 1806 to four

pupils, and in January, 1807, added to this physiology.

He states himself,† that he made up his mind to deliver private lectures between 1799 and 1804.

Whilst the question is not without interest, it is not of so much importance to know the exact date and circumstance of these lectures, as it is to know that they had been begun, and that they served as the nucleus of the medical school that was about to be founded.

The year 1807 is memorable as the date of this founding, and in order that we may know all the circumstances connected with so important and interesting an event, it is necessary to introduce here some other personages who participated in it.

One of these was Dr. James Cocke, of Virginia, who came to Baltimore to reside about the beginning of the year 1805. He had pursued his medical studies at Guy's Hospital, London, under Sir Astley Cooper, and afterwards, in 1804, received his diploma at the University of Pennsylvania. His thesis, which was an attempt to explain the cause of inflammation in wounded cavities, attracted considerable attention and was republished by Dr. Charles Coldwell, of Philadelphia, in a volume with others deemed worthy of permanent preservation. On February 10th, 1807, he became associated in practice with Dr. Davidge, and during the remainder of his brief but active life the most devoted attachment subsisted between the two.

Another was Dr. John Shaw, of Annapolis. He first publicly offered his services to the people of Baltimore on March 2, 1807. He was a graduate of St. John's College, a man of scholarly attainments and of decided poetical talents. He had attended lectures at the University of Pennsylvania, but had left before obtaining his degree there, in order to avail himself of a medical appointment in the Navy, which was offered to him. He was fond of travel and adventure and led a somewhat wandering life, of which he has left many interesting reminiscences.

†Physical Sketches, Vol. 2, 1814.

\*Nov. 19, 1800, he announced, through the papers, that his family would reside in future in the country, and therefore he would rent or sell his Hanover street house, and on June 19, 1802, he gave notice through the same medium that he had been induced, by the invitation of a number of his patients, again to engage in the duties of his profession. "His surgery is in Liberty street, four doors above Market." It is probable, therefore, that during this interval he ceased practising and resided in the country.

†According to Quinan (*Med. Annals*) a plan for a medical college had been proposed at the meeting of the Faculty in June, 1801, and its adoption urged by the President, Dr. Thomas, the next year, June, 1802.

‡By Prof. Wm. N. Baker: *Maryland Med. and Surg. Journal*, 1840.

§He received an honorary degree of M.D. from the University of Maryland in 1818.

\*Some Account of the Rise and Progress of the University of Maryland.

‡Issued to O. B. Baldwin and Corbin Amos.

These three, drawn together no doubt by common literary tastes and aspirations, and having ample leisure as yet—for they were still young—united in a course of medical instruction in the fall of 1807. The course began about the first of November. Dr. Davidge took charge of the Departments of Anatomy and Surgery, and gave some attention to the elements of Midwifery. Dr. Cocke took Physiology and Dr. Shaw Chemistry. Dr. Shaw's lectures began November 24th, and were given at his house in "Chatham" street, on Tuesdays and Fridays, at 7 P. M. To accommodate the anatomical department Dr. Davidge erected, at his own expense and on his own ground, a "small anatomical theatre."\* A subject was procured for the use of the class, but its introduction became known and a crowd of boys collected in front of the door. Soon this became a noisy mob, and the result was that the building was demolished and its contents destroyed. So much prejudice against dissection existed in the public mind at that period, that it is stated but little sympathy was felt in the community for the Doctor's loss.†

This mishap interrupted the lectures for a time, but it had the effect of bringing the profession to the support of the enterprise, and a full meeting of the physicians of the city was held early in December‡ at Dr. Davidge's residence, to take action to procure legal protection and support. It was then unanimously resolved "in consequence of the late interruption of lectures on Anatomy and Surgery, and the very generous and handsome present of a lot of ground in the precincts," to apply to the Legislature for a charter for a medical college, and a committee was appointed to canvass the city for funds to erect a building.

No time was lost in preparing the charter, a duty which was very satisfactorily discharged by Dr. Shaw. Indeed it is probable that the charter had already been drawn up and that it was

presented to the meeting. In its passage through the House of Delegates on December 7th, the "Medical College Bill" was under discussion, and an amendment was proposed uniting the school with St. Mary's College.‡ This amendment was lost and the bill passed the Legislature in its original form on December 18th.

The following is the full text of this bill taken from the authorized publication of the laws passed at this session of the Legislature and printed by the "printer to the State:"\*\*

\* \* \* \* \*

In perusing this interesting document (which is still in full force according to the decision of the Court of Appeals of Maryland, 1839), the most remarkable fact which strikes us at this time is the close connection between the College and the Medical and Chirurgical Faculty of the State. The Board of Examiners of the latter—twelve in number—are to constitute a part, and the major part, of the governing body of the College, and the President of the Medical and Chirurgical Faculty is to be ex-officio chancellor of the College. Reports of the College are to be presented to the Medical and Chirurgical Faculty at its biennial meetings. The Medical and Chirurgical Faculty are constituted patrons and visitors of the College.

No better evidence could be afforded of the harmonious relations then existing between the two institutions, and of the fostering care and interest with which the older personally superintended the birth of the younger.

—\*—  
‡A Roman Catholic institution on Paca street, north of Franklin, now the Seminary of St. Sulpice. It is now limited to the education of priests.

\*\*In the Act of incorporation of this college, Shaw is styled M.D. This is a mistake and an explanation may afford some amusement to those who do not profess implicit veneration towards the Sologs of our country. The law was drafted by Dr. Shaw, and he added the letters M.D. to the names of those gentlemen who were entitled to that distinction by a regular diploma. In the list there were some who, like Shaw, were only licentiates and their names were inserted without any addition. But, while the clerk of Assembly was reading the preamble, a member, who happened to recognize a friend among the licentiates, interrupted him to observe, that "he did not know why Dr.—should not as well be an M.D. as Dr.—and Dr.—etc.," and therefore proposed to insert these letters after his name. No one could explain the reason on all the licentiates in the bill, thus became *doctors of medicine* by Act of Assembly." *Poems by the late Dr. John Shaw to which is prefixed a Biographical Sketch of the Author* Phila. and Baltimore, 1810. Those who were simple licentiates besides Dr. Shaw, were Drs. Bond and Donaldson.

\*Which was located near the S. E. cor. of Liberty and Saratoga streets (Scarff).

†According to Dr. Potter (*Sketch*, 1838) the building was burnt by the mob.

‡A notice of the proceedings of the meeting was published in the papers, Dec. 3rd.



Theoretically the relations assumed by the two were perfect. Subsequent events will show, however, that these relations were not permanent. Before many years this identity of interests ceased, and whilst the Faculty gradually lost its importance and authority, the college received large accessions of influence and privilege.

Upon receiving notification of the passage of the Medical Bill by the Legislature, the Board of Regents were called together by public notice in the newspapers. This meeting was held at Dr. Davidge's house, at noon on the 28th of December, 1807, and forms an epoch in the history of the University, because it was the beginning of its existence as an organized institution. The only record, or, indeed, knowledge, that we possess of this meeting is contained in the *Federal Gazette* of December, 30th, and is as follows: "At a meeting of the Regents of the College of Medicine of Maryland, held pursuant to an act of the General Assembly for founding a medical college in the city or precincts of Baltimore, passed December 18th, 1807, George Brown, M. D., was unanimously elected President, Solomon Birkhead, M. D., was unanimously elected Treasurer, and James Cocke, M. D., Secretary. After these elections were made the Board entered into the following resolution:

*Resolved*, That the appointments by the General Assembly of George Brown, M.D., to the professorship of the Practice and Theory of Medicine; of John B. Davidge, M.D., and of James Cocke, M. D., to the joint professorship of Anatomy, Surgery and Physiology; of John Shaw, M.D., to the professorship of Chemistry; of Thomas E. Bond, M.D., to the professorship of Materia Medica; and of William Donaldson, M.D., to the professorship of the Institutes of Medicine, be and are hereby confirmed.

Dr. Brown having resigned, Nathaniel Potter, M. D., was elected to the professorship of the Practice and Theory of Medicine.

George Brown was born in Ireland in 1755, took A. M. at Glasgow University, and obtained his medical degree at Edinburgh in

1779. He emigrated to Baltimore in 1783. He was among the first to employ mercury in *acute inflammations* (1790), especially pneumonia.\* He was one of the founders of the Baltimore Library (the first public Library in Baltimore) in 1796, of the Baltimore College in 1804, and of the College of Medicine in 1807. He died August 24th, 1822, aged 67 years. He attained to the highest social and professional rank, and in almost every enterprise, medical, literary or educational, started during his residence in Baltimore, he was a prominent actor.†

The Board of Regents being adjourned, John B. Davidge, M.D., was elected Dean by the Medical Faculty of the College of Medicine of Maryland. James Cocke, M.D., *Secretary*.

The Professors of Anatomy and Chemistry have commenced their lectures."

Thus modestly and unostentatiously began the career of an institution which for eighty-odd years has never ceased to fulfill its sphere of usefulness and which has trained and sent forth a majority of the physicians of Maryland and a large proportion of those of other States. Illy provided, it is true, it was for the work before it, but with youth, energy and skill at the helm to guide it on to more prosperous seas.

We may here pause in our narrative, to glance briefly at the condition of Baltimore at this time. The population of the city was about 40,000; it was the third in size in the Union. Its growth between 1790 and 1810 was enormous, in proportion far exceeding that of New York and Philadelphia. From 1790 to 1800 it doubled its population; from 1790 to 1810 it trebled it. The increase between 1800 and 1810 was two and a-half times that of Boston and four times that of Charleston, and during this period it far outstripped these cities, both of which had exceeded it in size in 1790. It was nearly half the size of Philadelphia and New York. According to a statement in the *New York Morning Post* in 1811, the advance trade had in been equaled by that of New York alone. During the previous twenty years, according to this authority, the tonnage of the city had increased from 13,000 to 104,000 tons; the number of houses from 1,955 to

†See MARYLAND MEDICAL JOURNAL, July 1, 1882. The dates of his birth and death are given by Judge Brown.

\*Davidge (*Physical Sketches*) says he was the first,

6,611. In the eight years from 1790 to 1798, the exports had risen from \$2,000,000 to \$12,000,000. According to another authority (*Encyclopædia Americana*) from 1790 to 1816 the shipping of the port increased nearly 800 per cent. These figures show a phenomenal development which has not been surpassed by any of our Atlantic seaboard cities, certainly.

The present site of the Washington Monument was the northern limit of the city; here was the residence of Col. John Eager Howard, the Revolutionary hero, situated in a large grove, extending northward and known as "Howard's Park." The western limits were at Greene and Pearl streets, the southern at Barre street.

That part of the city bordering on the Falls north of Fayette street was little better than a marsh and was known as the "Meadow." It was liable to constant overflow by the stream during rainy weather, which made this and the adjacent parts of the city extremely unhealthy; malarial diseases prevailed in their most aggravated forms and yellow fever was almost an annual visitant.

The streets were mostly narrow and crooked and among them we meet with such strange sounding names as Conowago, King George, King Tammany, Lemmon, New Church, French, East, Chatham, Bernard, Bank, Duke, Pitt, Dulaney, St. Paul's Lane, German Lane, Vulcan Alley, etc.

The Washington and Battle Monuments had not yet been thought of, and the foundation of the Cathedral had just been laid. There was no gas, and railroads were unknown.

There were two collegiate institutions in the city—the Baltimore College, developed out of Mr. James Priestly's Academy, in 1804, and St. Mary's College, founded by priests of the R. C. Order of St. Sulpice, who fled from France at the time of the French Revolution in 1791. Though raised to the rank of a University by act of the Legislature in 1805, the latter never succeeded in assuming University proportions, and only the theological department survives.

There was one public library—the Baltimore Library—founded in 1796; it is said at this time to have "contained no inconsiderable collection of books upon medical science."

The city had three hospitals—the Almshouse, located at the head of Howard street, in the neighborhood of Monument, the Marine Hospital and the City Hospital. The last was established by the city in 1798, for the care and treatment of the sick and insane.\* These few details, incomplete as they are, show that Baltimore occupied at this time no mean rank among the cities of the country, and was justly entitled to claim the right to become one of the great centres of medical education.

There were, at this period, four other medical schools in the country, viz: the University of Pennsylvania, Harvard University, Dartmouth College, and the College of Physicians and Surgeons of New York. The first was founded in 1765 as the College of Medicine of Philadelphia—its exact title was "Collegium et Academia Philadelphiensis" (see Dr. John Archer's Diploma, which is dated June 21st, 1768, at the Library of the Medical and Chirurgical Faculty of Maryland). In 1807-8 it had 270-275 students, and among the graduates of that year were Samuel Baker and Richard Wilmot Hall (*Balto. Medical and Physical Recorder*, 1808).

The Medical School of Harvard University was founded in 1782, that of Dartmouth College in 1798.† The College of Physicians and Surgeons of New York was organized in May, 1807.

The course of instruction during the first session of the College of Maryland was an incomplete one. After the destruction of the Anatomical Theatre by the mob, practical Anatomy was abandoned for a time. The lectures were held at the houses of Professors Davidge, Cocke and Shaw. Some clinical lectures were given at the Almshouse. The

\*In 1808 it was leased by Drs. Smyth and Mackenzie by whom it was conducted for many years as a general hospital. It subsequently reverted to the State, and became the "Maryland Hospital for the Insane." Its site is now occupied by the Johns Hopkins Hospital.

†Thacher's Amer. Med. Biog.



class numbered seven and there were no graduates. Sometime in 1808 the Faculty secured a building on the southwest corner of Fayette street (then known as "Chatham" street) and McClellan's Alley, which had formerly been used as a school house but had been tenantless for several years. Although dilapidated and not even affording entire protection from the weather, this structure had to serve for college purposes until 1812. Professor Shaw entered zealously upon his work and soon had a very respectable laboratory, which he utilized to the best advantage. But alas! he was cut down almost at the beginning of what promised to be a most brilliant career. In the course of some experiments which he made early in 1808, and which occupied an entire night, it was necessary to immerse his arms frequently in cold water. This led to a pleurisy which developed into pulmonary consumption, of which he suffered during the ensuing spring and summer.\* In the autumn his rapidly failing health compelled him to abandon his duties and try the virtues of a change of climate. He sailed for Charleston and there reembarked for the Bahamas, but died before reaching his destination, January 10th, 1809, in his 31st year, a martyr to his zeal in the service of the College.

John Shaw was born in Annapolis, May 4th, 1778. He entered St. John's College of that city in 1789, receiving the degree of A. B. October, 1796. He began the study of medicine under Dr. Shaaf, of Annapolis. In 1798, while attending his first course of lectures in Philadelphia, he received a medical appointment in the U. S. Navy. In 1801 to 1803 he was at Edinburgh, but before obtaining his degree there, he, in the latter year, accepted an appointment to go to Canada. He returned to Annapolis in 1805 and began practice as the partner of his old preceptor. He married and moved to Baltimore in 1807. He died at sea January 10, 1809. He left behind him a manuscript of his travels in Africa and of his poems which was published in 1810. [See MARYLAND MEDICAL JOURNAL, July 1, 1888].

\*According to Prof. Potter (*Sketch*), the Professor of Anatomy was also laid up several weeks this first winter with pleurisy.

## Society Reports.

### THE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD OCTOBER 9TH.

DR. H. P. C. WILSON, the President, in the chair.

LAPAROTOMY.—FIBRO-SARCOMA OF THE OVARY.

*Dr. H. P. C. Wilson.*—Mrs. J., aet. 47. Mother of 5 children—youngest 15 years old. Had hard, lingering labors. No instruments used. During her last pregnancy, she fell 18 feet out of a window—head-foremost—with such force, as to burst open her corsets, and yet she did not miscarry.

In September, 1887, she first noticed a lump in the lower abdomen, on the right side. In January, 1888, she had rapid abdominal enlargement and swelling in both lower limbs. The limbs were punctured with lancet; water ran out, and abdomen and limbs decreased in size. In July, 1887, she was tapped, and 5 gallons of fluid drawn off.

She was brought to me at the Union Protestant Infirmary the latter part of September, 1888.

On examination I found her abdomen greatly enlarged with peritonitic fluid, and also a hard tumor growing from the right ovary—larger than a child's head—and not connected with the uterus, but apparently floating free in the peritonitic fluid. Uterus in place, and measuring three inches. Heart sound, and all other organs acting well. Nothing to account for the dropsy, but the solid tumor of the ovary.

I diagnosed the tumor to be a fibro-sarcoma of the right ovary because we very rarely find such a dropsy associated with such an ovarian tumor, without the tumor being malignant.

I appointed September 3rd to operate. Dr. Wm. H. Johnson and his son, of Frederick county, and Dr. John W. Ayler, of Montgomery county, (her physicians) were present. Also Dr. Fawcett.

Dr. Wm. B. Canfield gave chloroform and Dr. Robert T. Wilson assisted me in the operation.

At 2 p. m., with strict antiseptic precautions, I made an incision of 2 inches into the abdominal cavity, below the navel. The peritonitic fluid was discharged (about 5 gallons), and the solid, gray, hard tumor presented at the opening. Two fingers introduced, found that it grew from the right ovary,—free from attachments—except abdominal at one point. Much oozing of blood from abdominal incision, and although hæmostatic forceps were used in great number, yet the oozing was troublesome. Incision enlarged to 4 inches, but I was unable to get the tumor out till I had enlarged the opening from navel to pubis. Abdominal adhesions were then torn away, and as they bled freely, were gathered up and tied. The pedicle was transfixed and tied on either side, with silk; and one of the ligatures was brought entirely around the whole pedicle, and tied again, when the tumor was cut away. Abdominal cavity was thoroughly sponged and all bleeding checked. A drainage tube was inserted, and the abdominal opening closed with 12 silk sutures.

Wound dressed with iodoform and borated cotton-sponge over drainage tube, wrapped in rubber cloth and the whole covered with a loose flannel bandage.

She was put to bed—surrounded with bottles of hot water, and wrapped in blankets. Reaction came on slowly. No nausea. She returned in due time to perfect consciousness. Pulse very frequent and feeble.

September 4th.—Temperature 100. It rose once to  $101\frac{1}{2}$ , but never above this; and was most of the time below 100. Pulse 130, small and feeble. Pulse continued to rise and temperature to fall, till her death on the third day. She slept several hours on 25 gtt. of deod. tinct. opium, during first night,—given by the rectum. This had to be repeated several times during the first 36 hours on account of pain, but always quieted.

She was given milk, brandy and hot water, and digitatis by the mouth, brandy and milk by the rectum, and quinine, hypodermically, but nothing seemed to

bring on perfect reaction, and she died in 67 hours after the operation.

She evidently died of shock. I am at a loss to know why the shock was so great and uncontrollable. The malignancy of the tumor, and more or less poisoned condition of blood, must have had something to do with it;—but how? The sudden removal of such an enormous distension of the abdomen, was also an important factor in the shock.

I am also at a loss to know why such a tumor, not pressing on any important organs, or vessels, could have produced such a dropsy. Its malignant nature was the cause,—but how?

I herewith submit the report of Prof. Welch of the Johns Hopkins Hospital on the character of the tumor:

OCTOBER, 1888.

*My Dear Dr. Wilson:*

I send the report of my examination of the interesting tumor which you sent me recently. The tumor is unquestionably of ovarian origin and is, as you surmised, a fibro-sarcoma. The extensive death by necrosis of so large a part of the tumor is an interesting feature.

The specimen is a solid tumor, nearly spherical in shape, measuring 15 ctm. in diameter.

The fimbriated extremity of the fallopian tube, to the extent of 6 ctm., has been removed and is connected with the tumor by a part of the broad ligament (mes-ovarium) measuring 3 ctm. in width.

The tumor is solid with the exception of two small cysts containing fluid, blood contents, near the attachment of the mesovarium. There is separable peritoneal covering of the tumor. Upon section the tumor presents an outer zone, varying from 3 to 5 ctm. in thickness, of a grayish homogeneous appearance, and a central mass of an opaque yellowish-white appearance. This central mass is succulent, cedematous.

Upon microscopical examination the outer zone of the tumor is found to be composed of parallel bundles of connective tissue, which in places is replaced by closely packed fusiform cells. Toward



the central mass of the tumor, the outer zone is infiltrated richly with round small cells, accumulated chiefly around small veins and capillaries. Many blood-vessels in this peripheral zone are the seat of an obliterating endarteritis.

The central yellowish-white, œdematous mass which makes up the greater bulk of the tumor is chiefly necrotic, as is shown by the absence of nuclear staining, although the tumor was received in good condition, and fresh pieces were at once hardened in strong alcohol. The contours of abundant round and fusiform cells, devoid of stained nuclei, can be seen on sections through this part of the tumor. The walls of blood vessels are extensively calcified in this region. There are many large spherical, oval and irregular cells filled with coarse, fatty globules, resembling fatty granular cells. The connective tissue fibres are split up into fine, interlacing fibrillæ.

No epithelial lining can be found in the two small cysts mentioned above.

The tumor is evidently an ovarian tumor. It has not the relations to the Fallopian tube of an intraligamentous new growth.

Its microscopical structure is that of a fibro-sarcoma. The central and greater part of the tumor has undergone coagulation-necrosis, and partial calcification, doubtless as the result of imperfect nutrition from disease of the blood-vessels.

*Diagnosis.*—Fibro-Sarcoma Ovarii.

WILLIAM H. WELCH.

Johns Hopkins University.

Oct. 8th, 1888.

*Dr. Wm. P. Chunn*, in discussing *Dr. Wilson's* case said: He would prefer chloroform to ether when the patient was excitable and where the operation promised to be short. So much less chloroform being necessary for anæsthesia than ether. It would seem better always to give four drachms of chloroform than a pint of ether. In regard to ascites, caused by solid tumors in the abdomen, at first sight, it seemed strange that a *small* solid growth would produce such an accumulation of fluid, while a much larger *cyst* may cause no secretion what-

ever. It may be explained in the following way. The solid tumors, being malignant, irritate the peritoneum which results in hypersecretion and consequently ascites.

*Dr. Robt. T. Wilson.*—After the operation I was informed by the anæsthetist that less than 3ij of chloroform was used.

An interesting feature in the previous history of this case, is, that eighteen years ago, she fell head foremost out of a second-story window (about 18 to 20 feet), she was pregnant at the time, but did not miscarry. Her labor occurred at nine months; the cord was wrapped twice around the child's neck, and it was ruptured.

*Dr. L. E. Neale* thought that in addition to the effect of chloroform, hemorrhage, etc. the sudden removal of intra-abdominal pressure consequent upon the rapid withdrawal of so large a quantity of ascitic fluid might have been a factor in the causation of heart failure, shock and death.

Time or duration of operation must have been another potent factor, for *Dr. Wilson* had omitted to explain why the removal of such a slightly adherent tumor had occupied one hour and a half.

In connection with this case he would state that although the presence of large or rapidly accumulating ascites with an abdominal tumor was usually regarded as an indication of malignancy of the tumor, on September 18th, 1886, he had removed three gallons of such fluid during an operation for the removal of the uterine appendages for interstitial uterine fibroid in a negress.

The result was successful and while the tumor gradually wasted away, the fluid never returned.

C. O'DONOVAN, JR., M.D.,

Secretary.

*Dr. Wirt A. Duvall* a graduate of the class of 1888, and president of his class, at the University of Maryland, was married Tuesday night last, to Miss Roxana Mitchell, of this city. *Dr. Duvall* will continue his practice in this city.



## THE CLINICAL SOCIETY OF MARYLAND.

STATED MEETING, OCTOBER 5, 1888.

### ELECTION OF OFFICERS.

The following officers were elected:—*President*, Dr. George H. Rohé; *Vice-President*, Dr. William Green; *Recording Secretary*, Dr. William J. Jones; *Corresponding Secretary*, Dr. Robert L. Randolph; *Treasurer*, Dr. James M. Craighill; *Finance Committee*, Dr. N. G. Keirle, Dr. L. McL. Tiffany, Dr. Robert W. Johnson; *Executive Committee*, Dr. Hiram Woods, Dr. George J. Preston, Dr. William P. Chunn.

### REPORT OF THE EXECUTIVE COMMITTEE.

At the commencement of another fiscal year, it seems to the Executive Committee that it may be well to briefly review the past year's work, and to look at the present condition of the Clinical Society.

In October, 1887, there were 197 names on the Society's roll. During the year 14 members were elected, 5 resigned, 18 were dropped for different reasons, and 2 have died. The membership now numbers 186, as follows: 17 surgeons, 5 pathologists, 2 dermatologists, 7 specialists in throat diseases, 9 in eye and ear, 2 in mental diseases, and 144 general practitioners. Of these latter 9 are gynecologists, 6 give special attention to diseases of the nervous system and 2 to diseases of children. This leaves 127—about two-thirds of the entire membership—who are family practitioners without any special tendency.

The following is a summary of the scientific work done by the society during the fiscal year just closed: Papers read 32; 31 by members of the society, and 1 by Mr. H. Nissen, of the Johns Hopkins University, by invitation; cases related 99, patients exhibited 10, specimens 66. The subjects of 31 papers read were: in 8 instances surgical; 6 had reference to general practice, 2 were obstetrical, 3 were on the action of certain drugs, 4 on eye or ear troubles, 2 were gynecological,

2 dealt with pathology, and 1 each treated of nervous and mental diseases, medical ethics, and legal medicine. Many of the 97 cases were narrated in the papers, and others during discussions. Of the cases given to the Executive Committee, 8 came from surgeons, 5 from physicians, 2 from gynecologists, 2 from eye and ear men, and one (1) from a neurologist. This work was presented to the society by 40 men, or a little over one-fifth of the membership. Of course many more took part in the discussions, but only 40 offered work to the committee. These were 15 physicians, including those who presented obstetrical subjects, 10 surgeons, 3 gynecologists, 3 pathologists, 5 eye and ear men, 2 throat specialists, 1 neurologist, and 1 specialist in mental diseases. The average attendance during the year was 40.7, the largest number present at one meeting being 63, the smallest 17. It is interesting to note the kind of papers or cases which call out the greatest number of members. On the evening of the largest attendance, the paper was on the medical treatment of diphtheria, and was presented by the late Dr. John S. Lynch. At the following meeting, when Drs. Michael, Jay, Winslow and Chambers read papers on the Surgical treatment of the same diseases the attendance was nearly equal to that of the preceeding meeting. Equally large audiences assembled to hear Dr. I. E. Atkinson's paper on scarlatinal pharyngitis, Dr. Tiffany's on herniotomy, Drs. Councilman's and Warfield's on the blood in malaria, and Dr. Welch's on pleuro-pneumonia. The two latter papers represented original work. When specialists occupied about all the time with strictly special subjects, the attendance was rarely over 30 or 40. Frequently during the past year was your committee asked to have more general medicine on the card, and to keep the surgeons and specialists from doing most of the talking. Your Committee asked our general practitioners repeatedly for papers, knowing that clinical medicine would be most acceptable. With what success they met is here shown. Only 6 out of 31 papers, and 5 out of 18 volunteer cases came from 127

general practitioners. One-fifth of the papers and one third of the cases offered the committee is hardly a fair proportion of work to come from two-thirds of the entire membership. These facts are brought to the attention of the society to-night to show what most interests the members, and with the hope that our general practitioners may look around to find where the responsibility lies, and how the difficulty can be corrected.

The records of the society's work have been regularly published in the *Maryland Medical Journal* and have also been sent to the following journals: *Medical News*, *Times*, *Bulletin*, and *Medical and Surgical Reporter* of Philadelphia, *New York Medical Journal*, *Journal of American Medical Association*, *Cincinnati Lancet-Clinic*, *St. Louis Weekly Medical Review*, *Virginia Medical Monthly*, *North Carolina Medical Journal*, *Atlanta Medical and Surgical Reporter*, *New Orleans Medical and Surgical Reporter*.

The New Constitution has been printed, and 200 copies are now in the hands of the Secretary for distribution free or for cost price as the society may decide. The society has for some years subscribed to two copies of the *Index Medicus*, but no one for a year has ever seen one of these copies. A year's issue was recently found by the Executive Committee at the house of our former Recording Secretary, Dr. A. C. Abbott, where they have been regularly delivered through the mail. These are now at the office of the Chairman of the Executive Committee. The society should decide on some place in which to keep these papers.

The Executive Committee would urge on members the propriety of assembling as promptly as possible, so that work may commence promptly at 8.30.

Finally, it is our sad duty to note the deaths, since our last meeting, of two of our active and most valuable members. Dr. John S. Lynch, who died the latter part of September, and Dr. Henry Rolando, who last night, fell a victim to typhoid fever. The former died after a useful life spent in the faithful performance of the duties of a medical practitioner

and teacher, a man of large experience and of ripe judgment, to whose memory many of our members owe a debt of gratitude for advice and encouragement. The latter, one of the younger members of our profession, whose genial cordiality always made him friends, a man of bright intellect, an honest, patient, conscientious student and worker in his chosen profession—his death brings sorrow and disappointment to many who loved him, and looked forward to a brilliant future for him. In these two deaths the Clinical Society has met with serious losses, and the Executive Committee would suggest the propriety of our taking official notice of their occurrence.

CHARLES O'DONOVAN, JR.  
GEORGE H. ROHÉ,  
HIRAM WOODS, JR.,  
Chairman Executive Com.

At a special meeting of the Medical and Chirurgical Faculty of Maryland, held Oct. 23, 1884, to take action on the death of Dr. F. E. Chatard, Dr. W. C. Van Bibber made the following remarks:

*Mr. President, and Fellow-Members of the Medical and Chirurgical Faculty of Maryland.*

GENTLEMEN:—According to our custom, and at the call of our President and Secretary, we have assembled here to-day to honor the memory of our recently deceased brother, DR. FERDINAND EDMÉ CHATARD. He was born in Saratoga street, in this city, on the third of August, 1805. He departed this life on the eighteenth of October, 1888.

He lived in this city during his whole life, with the exception of three years, which he spent in Europe studying his profession after having graduated A. B. at Mt. St. Mary's College, and M. D. at the University of Maryland in the class of 1821.

His father, the late Peter Chatard, was a prominent physician in this city for more than half a century. His brother Joseph studied medicine also at the University of Maryland but died early; his sister married a physician and resides here. His two sons graduated M. D. at the University of Maryland, and one of



them still continues in practice here. Consequently Dr. Chatard may be said to have been as closely allied to the profession of medicine as he was to the interests of this city. From his early infancy he had been trained to the ways and to the peculiarities of life incident to those who practice the medical profession. In his own family he had before him an example to aspire to its highest aims; and how well he succeeded is known to us all.

In practising his profession it may truly be said of him, that he had the happy combination of both a good doctor, and an accomplished physician. A good doctor is one who never neglects his patients, but on the contrary, does the best he can for them, under all circumstances, and in every way. An accomplished physician is one who, by his studies and a careful record of his experience and observations, succeeds in acquiring the best means of treating diseases, and of relieving suffering. How well he came up to these two standards is known to his colleagues here to-day, and is fully appreciated by them, as well as by the public.

His father, who had, even during his time, practically embraced the speciality of obstetrics, industriously recorded after a classification of his own, the results, and all the leading statistics of four thousands three hundred and nine cases of labor from his private practice.

These were translated from the French, collected into statistical form, arranged for publication, and embodied in a paper which was read before this society at its fifty-seventh annual session in 1855. His son, the one whose memory we mourn to-day, continued the same kind of record and tabulated five thousands two hundred and sixty-five cases of labor in his own private practice. These were arranged for a certain purpose, the subject being the relation of antiseptics to puerperal fever, and read before the Obstetrical Society of Baltimore during this year, by his son, Dr. F. E. Chatard, Jr., who has also the records of more than a thousand cases of labor which have occurred in his own private practice. So that to-day, in this one family, the father,

son and grandson, may be found the careful records of ten thousand four hundred and seventy-four cases of labor which have occurred in private practice in this city, and which may, I trust, at some time in the near future, be the basis of a valuable statistical compilation which will be laid before this Faculty. Such an array of cases of labor from private practice does not often occur in one family in the same city, and of these Dr. F. E. Chatard furnished the largest number.

Two things may be mentioned upon which Dr. F. E. Chatard differed from many of the authorities upon obstetrics. He thought from his experience in the practice of the art, that a rupture of the perineum was comparatively seldom caused by the foetal head, but by the shoulder, which wedged itself under the perineum and caused the rupture. Again he thought that the distended amniotic membrane did not act as a wedge to dilate the os uteri, as some have thought. Acting upon this, it was his habit in practice to rupture this membrane at any stage of the process irrespective of this principle.

As a citizen, amongst his brother practitioners, and in a moral point of view, Dr. F. E. Chatard certainly stood first amongst the foremost. Truth, honesty, conscientiousness and a high sense of duty were his most marked characteristics. His whole bearing, manner and record was that of a Christian gentleman without guile or blemish. His humility was only equalled by his desire for usefulness, his love of rectitude, and his sincerity. His affections and his friendships were warm and lasting. He was fond of children; of his home; his library, and of the society of good and learned persons. He was a good judge of the fine arts, and a lover of music. His habits were methodical and his ways and manners retiring. He was temperate and abstemious and seldom lost a day from the active duties of his profession by sickness.

Intellectually, his mind was well trained, and analytical and comprehensive. His perceptions were quick; his memory retentive, and his habits of study were



those of an earnest and absorbed student. He never accustomed himself to writing, nor was he fluent in conversation, but his judgment was sound and therefore the conclusions he reached were generally true and mature. He never gave an unstudied or crude opinion on any subject. It was not in the nature of his mind to force conclusions, or to be satisfied by theories alone.

Notwithstanding his laborious life, and the wearing irregularities of time attending the practice of obstetrics, Dr. F. E. Chatard lived to a good old age. He retained the freshness of his complexion, and the activity of his mind to the last. He looked in his burial casket more like a man of fifty than one of eighty-three years of age.

It may be interesting to his medical friends to hear some of the details of his sudden death. Since he had retired from practice Dr. Chatard had been able to take good care of himself, and was fond of giving advice concerning personal hygiene to others.

On the morning of the 18th, the day of his death, he was as well and active as usual; he took his customary walk, and a light lunch at one o'clock. He frequently bathed in the afternoon before dinner at six. The temperature of the bath he preferred, and always used, was 90°F. and in this he would often remain a long time. The two hours between his lunch and bath was passed in animated conversation with his children and grand-children. He whistled to the birds as he passed them and seemed as joyous and light-hearted as they were. About half after three o'clock unusual noises were heard in his bathroom, and efforts were made to reach him, but the door was bolted. After some delay he unfastened the door himself, and Dr. F. Donaldson, who had been summoned in haste, did all he could to revive him. Soon his son, Dr. F. E. Chatard, Jr., arrived, and they, obtaining assistance, covered him up warmly and carried him to his bed. Here restoratives of all kinds were applied until life was extinct.

Thus it happens, my brethern, that even the members of our own profession

may pass away from life to death when such a catastrophe is least expected. Be ye also ready.

**SILVER POISONING FROM THE PROLONGED APPLICATION OF CAUSTIC.**—Dr. Svonnikoff mentions in the *Méditsinská Obozrénie* a case of argyria, or silver poisoning, following constant applications of lunar caustic to the throat. The patient was a peasant woman fifty-three years old, who had had syphilis sixteen years previously. She was treated by frictions and applications with the brush of a 50 per cent. nitrate solution of silver to the throat for several weeks, she herself using the brush whenever the throat was painful. The pharynx, the hard palate, the gums, and the upper part of the chest and back became stained a deep gray colour, and the discolouration was even more marked on the face. A similar case has been reported by Dugiel. —*Lancet*.

**A NEW USE FOR ETHER DURING ANÆSTHESIA.**—Very frequently during the early stages of the administration of an anæsthetic the patient "forgets to breathe" even before the ability to perceive peripheral irritation is lost. Even later in anæsthesia, when the breathing suddenly ceases we are accustomed to use cold water externally and to slap the patient with wet towels.

Such measures are generally called for hurriedly, and it is not at all uncommon for an exasperating delay to occur before the water arrives. The ether is always at hand, however, and I have found that in a large number of instances both in man and in the lower animals the free use of ether poured upon the belly causes so great a shock by the cold produced by its evaporation as to cause a very deep inspiration, which is often followed by the normal respiratory movements. This is, of course, a simple procedure and one which has probably been used by others, but I have never seen it so employed.

H. A. HARE, M. D.,  
*Demonstrator of Therapeutics,*  
*University of Pennsylvania,*  
 —*University Med. Magazine.*

## MARYLAND MEDICAL JOURNAL

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BALTIMORE, NOVEMBER 3, 1888.

**Editorial.**

**PERNICIOUS ANÆMIA.**—The diseases in which there is an abnormal condition of the blood have of late been receiving much attention by pathologists, and as a result many obscure points have been cleared up, many pet theories upset and a finer distinction and a greater variety of such diseases made.

Observers in different countries have studied these diseases of the blood and have given them different names, much to the confusion of those not so familiar with this chapter of pathology. The term "progressive pernicious anæmia" has succeeded to Addison's name of "idiopathic anæmia." Hunter (*Lancet*, September 22, 1888) has published his results of a very thorough investigation as to the pathology of pernicious anæmia. At the outset he encounters the difficulty of defining the term "pernicious anæmia," whether it has a clinical or pathological existence, and even Bristowe confesses the not easy task of distinguishing between the chlorosis of young girls and pernicious anæmia, although he believes there is a difference. Hunter has studied this disease from a pathological standpoint both anatomically and experimentally.

The anatomical changes found with this disease are: (1) Those occasionally found associated with the clinical features of pernicious anæmia, including especially malignant diseases and various gastro-intestinal lesions. (2) Those which may, with justice, be regarded as the result of the anæmia, including especially pallor and fatty degeneration in various organs of the body. (3) Those found in the blood itself or in those organs concerned either in blood formation or blood destruction. After considering pernicious anæmia in connection with malignant disease, gastro-intestinal lesions, etc., he comes to the conclusion that none of these can account for the peculiar features of this as distinguished from other forms of anæmia. The second head, including pallor and fatty degeneration in various organs, he dismisses with little discussion. The changes in the blood lead to much important discoveries, showing that if the pathology of the disease does not lie in the blood itself it may in the organs concerned in blood formation or blood destruction. He therefore studied carefully the changes in the bone marrow, lymph glands, spleen, kidney and liver and from this it is seen that the anatomical changes are most constantly to be found in those organs of the body concerned either in blood formation or blood destruction—viz., the spleen, bone marrow, and liver; or in those organs concerned in excretion—viz., the liver and kidneys. Of these changes, the most marked are those which point to some disorder of blood destruction as the characteristic pathological feature of this form of anæmia. In their order of frequency, these changes are to be found constantly in the liver, more or less constantly in the spleen, very frequently though not constantly in the bone marrow, not unfrequently in the kidneys, and occasionally in other organs, such as the pancreas and thyroid gland. In the case of the liver, bone marrow, and kidneys, the changes consist in the presence of an excess of pigment derived from the blood; in the



case of the spleen and bone marrow, the evidences of this blood destruction are best recognizable on examination of the fresh tissue, and consist for the most part of changes in the corpuscles themselves.

Experimentally, Hunter made equally elaborate investigations and the result of his work is shown in the following summary :

1. Pernicious anæmia is to be regarded as a special disease both clinically and pathologically. It constitutes a distinct variety of *idiopathic* anæmia. 2. Its essential pathological feature is an excessive destruction of blood. 3. The most constant anatomical change to be found is the presence of a large excess of iron in the liver. 4. This condition of the liver serves at once to distinguish pernicious anæmia post mortem from all varieties of *symptomatic* anæmia, as also from the anæmia resulting from loss of blood. 5. The blood destruction characteristic of this form of anæmia differs both in its nature and seats from that found in malaria, in paroxysmal hæmoglobinuria, and other forms of hæmoglobinuria. 6. The view can no longer be held that the occurrence of *hæmoglobinuria* simply depends on the quantity of hæmoglobin set free. 7. On the contrary, the *seat* of the destruction and the *form assumed by the hæmoglobin* on being set free are important conditions regulating the presence or absence of hæmoglobinuria in any case in which an excessive disintegration of corpuscles has occurred. 8. In paroxysmal hæmoglobinuria the disintegration of corpuscles occurs in the general circulation, and is due to a rapid dissolution of the red corpuscles. 9. In pernicious anæmia the seat of disintegration is chiefly the portal circulation, more especially that portion of it contained within the spleen and the liver, and the destruction is effected by the action of certain poisonous agents, probably of a cadaveric nature, absorbed from the intestinal tract.

THE AMERICAN ACADEMY OF MEDICINE.—The American Academy of Medicine gives notice, through its secretary,

Dr. R. J. Dunglison, that its annual meeting is to be held in New York on November 13 and 14. As this is a society which has but four members from this city, it may be presumed that the majority of physicians here have never heard of it.

“Founded in 1876, it is a society composed of physicians of, at least, three years experience in practice, who, previously to graduation in medicine, received the degree of bachelor or master of arts, after a regular collegiate course. Its purpose is not to establish an aristocracy in the medical profession, but to advance the standard of requirements preliminary to technical study, to elevate medical education to a plane far above that which it now occupies, and, by other similar means, to promote the welfare of the profession.

Already the purely scientific interests of medicine are provided for, as far as societies can further the cause, by organizations devoted to the development of the various specialties; but no other association has concentrated its attention to the field which the Academy was established to cultivate. It is believed that its purposes only need to be stated in order to arouse the hearty sympathy of those physicians whose preparatory studies and honorable standing make them eligible to its fellowship. The necessity for the work which the Academy is equipped to perform is too obvious to require demonstration, and it is in the highest degree desirable that every qualified physician should participate in this labor, not simply by using his individual efforts to influence those with whom he comes personally in contact, but also by uniting with those of his professional brethren, who entertain the same opinions and are actuated by the same high motives. Only by the combined and persistent endeavors of such men can medical education in this country be made what it ought to be, and this task is of the nature of an obligation, which the nobility of culture imposes upon all who bear its insignia.”

This society has no annual dues and



publishes no transactions. In its past meetings much quiet work has been done and with a steadily increasing membership of zealous workers, it will eventually let its power be felt.

### Miscellany.

THE FIRST OPERATION ON THE FALLOPIAN TUBE.—The nationality of the first surgeon who performed ovariectomy and the place where that operation took place have often been disputed, but now it is practically settled. M. Schlesinger, of St. Petersburg, has discovered that the first case of operation on the Fallopian tube was performed in 1784 at Sarepta, Astrakhan Government, Russia. The case is noted in Dr. Monprofit's *Salpingites et Ovarites*. A multiparous woman, aged 42, was taken ill after an abortion, and a painful tumor appeared in the right iliac fossa. On February 21st, 1784, the operation was undertaken by a Dr. Seydel. An incision was made from the umbilicus to the right abdominal ring, passing over the middle of the tumour. The operator opened the peritoneum with a curved, probe-pointed bistoury. Three veins were tied, the protruding intestines were kept back by a napkin soaked in tepid milk. The tumour was attached by a pedicle to the uterus, and strongly adherent to neighbouring structures. The operator carefully examined its relations, and discovered that the ovary was distinct, the tumour being clearly tubal. "Quâ quidem investigatione certo et indubitato cognovi tumoris hujus sedem non ovarium fuisse sed tubam." As it could not be removed it was laid open, washed out with a decoction of bark mixed with a solution of myrrh, and then stuffed with charpie soaked in balsam of Arceus. To prevent the intestines from adhering to the peritoneum pieces of linen, soaked in oil of roses, were supported by a plaster; later on sutures (*sutura cruenta*) were applied. Drainage by means of a silver tube did not answer,

so the operator aspirated, by suction with his mouth, the purulent fluid which collected in the cavity of the dilated tube. This was done four times a day, and the dressings were changed on every occasion. There was fever for a week, but in a fortnight's time the discharge ceased and the wound began to close, the patient recovering completely. \* At the end of two years Dr. Seydel heard from his patient; she was in perfect health. The operator was decidedly before his time.—*British Medical Journal*.

LANOLIN AND BORIC ACID IN SKIN DISEASES IN CHILDREN.—The combination of lanolin and boric acid as an ointment is said to have a most gratifying effect in certain skin diseases in children, especially eczema of the head and face, intertrigo, and seborrhœa. In the case of eczema, for example, with raw patches on the cheeks and yellowish crusts on the head, the surface is first cleansed in the usual way, and then dusted over with finely-powdered boric acid. On the following day this washing and dusting over is repeated; already the inflammation will seem lessened. The process is then repeated twice daily, the washing being always done gently, until the skin is in a condition to bear an ointment containing 30 per cent. of lanolin and 8 per cent. of boric acid. In the squamous form of eczema with considerable induration, olive oil is well rubbed in and then removed with Castile soap, and an ointment containing  $\frac{1}{2}$  or 1 per cent. of salicylic acid with 30 per cent. of lanolin is energetically applied according to the degree of induration. This washing and application are repeated twice daily. The strikingly beneficial action of this course of treatment, which is less painful than the use of strong alkalies or oil of cade, is ascribed to the penetrating properties of lanolin, which thus facilitates the entrance of salicylic acid into the deeper layer of the epidermis. Dr. Russell Sturgis, who advocates the above treatment, also finds lanolin a reliable means of alleviating the irritation due to chronic urticaria.—*Brit. Med. Jour.*

THE TREATMENT OF PHTHISIS WITH CALOMEL.—Dochmann, in the September *Therapeutische Monatshefte*, relates his experience with the use of calomel in phthisis. Administered in the first and at the beginning of the second stage, calomel improves the appetite, diminishes the cough and fever, and dispels the night sweats and the objective symptoms. At the end of the second and at the beginning of the third stage, it reduces the fever, checks or diminishes the diarrhoea, and improves the general condition. Whether calomel has a specific action upon the local changes in the lungs or influences the life and development of the tubercle bacilli or checks the progress of the destructive process, only more extensive observations can determine. The following formulæ may be used:

Ry.—Hydrarg. chlorid. mitis . grs. x.  
 Pepsini . . . . 3j.  
 Tinct. opii . . . . gtt. xxx.—M.  
 Ft. pulv.  
 Dein adde  
 Ext. phellandrii acquatic., q. s. ut ft.  
 pil. No. 60.

Ry.—Hydrarg. chlorid. mitis . grs. x.  
 Pepsini . . . . 3j.  
 Ergotine (Bonjean's) . grs. ij.  
 Ext. glycyrrhizæ q. s. ut ft. pil. No. 60.

For hemoptysis:

Ry.—Hydrarg. chlorid. mitis . grs. x.  
 Pepsini . . . . 3j.  
 Ext. hyoscyami . . grs. ix.  
 Ext. phellandrii acquatic., q. s. ut ft. pil. No. 60.

On the first day the patient takes six pills (two at intervals of two hours), on the second day five, on the third day four, and from the fourth day he takes two pills, thrice daily, throughout the period of treatment. Every fifth or sixth day, the calomel is intermitted for two or three day, during which time iodide of potassium may be given. The size of the first dose depends upon the fever; should the fever increase, the dose of calomel is increased to twelve to fourteen pills a day.—*Wiener medicin. Presse*, No. 39, 1888.—*Med. News*.

BALDNESS.—We have from time to time given our readers the views held by the medical profession and the laity as to the causes of baldness. The view which has seemed to us as being the best supported by both facts and theory is that baldness is especially liable to follow the wearing of a tight-fitting hat, the band of which constricts the blood-vessels, and thus diminishes the blood-supply to the scalp. In the *Popular Science Monthly* is a communication from a writer who has spent a considerable time in India, which controverts this explanation of the cause of baldness. The Parsees are compelled to keep the head covered during the day by a high hat, which is so tight as to crease the scalp, and, the writer thinks, possibly the skull, and at night by a skull-cap. He has never seen or heard of one of them being bald.—*Science*.

MEASLES IN NEGROES.—Dr. Lachlan Tyler, of Washington, lately read an interesting paper on measles before the Washington Obstetrical and Gynæcological Society, which is published in the "American Journal of Obstetrics." He thinks that Ellis is in error in giving the average mortality of the disease as one in fifteen, and that it is really much lower. Among the negroes of the District of Columbia, who make up not more than a third of the population, the mortality, he says, is both relatively and greater than among the whites. This, he thinks, plainly demonstrates the potency of insanitary environment in producing death from measles, for the negroes generally live in the utmost squalor.—*N. Y. Med. Journal*.

THE DEVELOPMENT OF THE FÆTUS.—Dr. La Torre has contributed to the *Nouvelles Archives d'Obstétrique et de Gynécologie* an interesting series of contributions on this question. As might be expected, his conclusions differ in many respects from those of previous observers. He believes greatly in the influence of the father's health and strength on the development of the child. He maintains that the sex of the fœtus has no influence on the de-



velopment of the fœtus itself. The height, weight, and health of the mother do not, according to Dr. La Torre, influence the growth of her offspring. In respect to the health of the father, it is his height, breadth of shoulders, and cranial development which chiefly influence the development of the fœtus. When the father is in ill-health, locally or generally, the fœtus is much affected, especially in weight. Dr. La Torre declares that the sex of the fœtus depends greatly on the health and strength of the father; healthy fathers begetting more sons than daughters; sickly fathers more daughters than sons. He insists that multiparity alone does not exercise on the development of the fœtus an influence sufficiently marked to justify the clinical importance hitherto attributed to it. If there be any influence at all, it disappears entirely before the hereditary influence of a sickly father. When the father is healthy, the most favourable age of the mother for the development of the fœtus is from twenty-five to thirty-four; but, when the father is sickly, the age of the mother has no influence on foetal development. The length of the fœtus is more in relation to its weight and less in relation to the age of the mother than is generally supposed, especially by those who rely on Dr. Duncan's statistics. Dr. Torre's observations are still in course of publication.—*British Medical Journal*.

**EFFECT OF COFFEE ON THE URINE.**—Dr. Dumont, of Louvain, has undertaken a series of researches on the effect of coffee drinking on the urine, from which it appears that, though the diurnal quantity of urine is not seriously interfered with, the composition undergoes a very decided change. Dr. Dumont kept the subjects of his researches for some days on ordinary diet, the constituents of which were determined. During part of the time only was coffee added, the quantity being three cups—corresponding to about two ounces of roasted coffee—per diem. By regular and careful analyses of the urine, it was found that during the days when coffee was taken the urea passed was increased by

about seventy-five grains. The effect on the urea was produced immediately the coffee was commenced, and as soon as it was omitted the quantity of urea returned to that which it had exhibited previously.—*Lancet*.

**SCHOOL OF HYGIENE AT ROME.**—Sanitary science is beginning to be cultivated in earnest in Italy. A School of Hygiene has been established in connection with the Institute of Experimental Hygiene in Rome. Instruction in matters relating to public health and sanitary engineering will be given to medical men, engineers, veterinary surgeons, and pharmacists, and the technical researches on subjects relating to sanitation, ordered by the Italian Board of Public Health, will be carried out. The course will include practical exercises in physical and microscopical investigation, and chemical analysis as applied to hygiene. A certificate will be given after due examination to those who have gone through the whole course. Professor Pagliani, Ordinary Professor of Hygiene in the University of Turin, has been appointed Director of the School, in which he will also fill the Chair of Sanitary Engineering.—*Brit. Med. Journal*.

**COMMUNICATION BETWEEN THE LIQUOR AMNII AND THE MATERNAL CIRCULATION.**—M. Törngren gives in the *Archives de Tocologie* an account of some researches he has been carrying out under Prof. Strauss, in Paris, on the communication existing between the liquor amnii and the maternal circulation. His observations were made on rabbits, and showed that substances introduced into the liquor amnii became absorbed by the maternal system, not, as far as could be made out, by being appropriated by the fœtus, and thus conveyed by the foetal circulation to the placenta, but directly through the decidua and the placenta. These observations would appear to confirm those of Winkler on the human placenta, as he described minute canals as existing in the placental portions of the chorion and amnion communicating with the cavity of the amniotic sac.—*Lancet*.

EXPERIMENTAL PHYSIOLOGY IN FICTION.—Matters of medical interest often get whirled into the vortex of fiction, and frequently mystify the general reader while they amuse the profession. In "Tracked Out" (Arrowsmith's Bristol Library) the author has very ingeniously made experimental physiology lend valuable service. In fiction an author may well be allowed to obtain results beyond those of the laboratory, but Mr. Arthur à Beckett is to be congratulated upon his moderation. He has only made a head speak *four* words after its severance from the body, hence there is much to be elucidated after these post-mortem utterances.—*British Medical Journal*.

#### WASHINGTON NEWS AND COMMENT.

Dr. George Woodruff Johnston has removed from 1406 H street, N. W., to 1704 Rhode Island Avenue.

Business meetings have been held by the Clinico-Pathological Society and by the Washington Obstetrical and Gynecological Society.

With the advent of autumn the Medical Societies of the city have convened, and, as we write, have already fairly entered upon the labors of another year.

Dr. Robert T. Edes, late Professor of the Practice of Medicine in Harvard University and at present living in this city, has changed his office and residence from 1216 to 1214 18th street, N. W.

A stated meeting of the Medical Association of the District of Columbia was held on the evening of Tuesday, October 2nd, at which Drs. H. M. Harvey and Dorsey M. McPherson were chosen associates, and Drs. L. Dickson Barr, James Kerr, J. Lacy Brayshaw, and F. Sohon, were elected to full membership.

The next meeting of the Medical Society will be held on Wednesday, October 24th; of the Clinico-Pathological Society, on Friday, Nov-

ember 6th, (Dr. H. B. Deale, essayist), and of the Washington Obstetrical and Gynecological Society on Friday, November 2d, (Dr. S. S. Adams, essayist.)

Dr. W. M. Gray, formerly associated with the Histological and Pathological Laboratories in the University of Pennsylvania, and at present Microscopist in the Army Medical Museum, has been appointed Demonstrator of Histology in the Medical Department of the Columbian University, (National Medical College).

The members of the Clinico-Pathological Society assembled on the evening of Tuesday, October 2nd, and elected the following officers for the ensuing year:—President, Dr. H. L. E. Johnson; first Vice-President, Dr. Wm. M. Sprigg; second Vice-President, Dr. L. K. Beatty; Treasurer, Dr. C. W. Richardson; and Secretary, Dr. H. B. Deale. The President has appointed the following committees. On business and admissions, Drs. G. W. Johnston, Richardson and Holden; on microscopy and morbid anatomy, Drs. Shute, Luce, and Cole; on publications, Drs. Snowden, Fernald and Fox.

On the evening of Friday, October 5th, Dr. S. C. Busey, the retiring President of the Washington Obstetrical and Gynecological Society, delivered an address entitled, "The Wrong of Craniotomy upon the Living Fœtus," and on the 9th officers and committees were elected as follows: President, Dr. J. T. Johnson; Vice-Presidents, Drs. W. W. Johnson and D. W. Prentiss. Dr. S. S. Adams was reelected Recording Secretary, Dr. G. W. Cook, Corresponding Secretary, and Dr. G. B. Harrison, Treasurer. Committee on business, Drs. C. E. Hagner, McArdle, and G. W. Cook; on publications, Drs. T. C. Smith, Prentiss, and S. S. Adams; on admissions, Drs. Fry, Acker, and G. W. Johnston; and on pathology and microscopy, Drs. Acker, G. W. Johnston and G. B. Harrison,



## Medical Items.

The interrupted galvanic current is recommended for poisonous stings.

Tannin for phthisis is recommended by Dr. de Viti Demarco, of Otranto.

Several cases of perforation of the bowel by the round worm (*ascaris lumbricoides*) are reported.

The 2,476 physicians of New York City are said to agree that "the profession is overcrowded."

There is a woman practising in London who obtains an income of \$50,000 a year from her profession.

In Tomsk, Siberia, there are only 22 doctors, an average in some districts of only one physician to 100,000 inhabitants.—*Med. Review*.

Lawson Tait says: "I am well satisfied that venereal diseases might be stamped out if more scrupulous attention were given to the toilet of the genitals."

The *New York Medical Times* says: "A pencil has been manufactured in Germany for writing on the skin. It is made for the use of physicians to make memoranda on their patients."

A St. Petersburg physician in following up the history of a syphilitic woman who came under his charge, discovered that she infected no less than three hundred men in less than a year.

**DISINFECTANT IN CHOLERA INFANTUM.**—The napkins from children afflicted with cholera infantum are disinfected by being boiled and afterwards dipped in a weak solution of bichloride of mercury.—*Med. Times*.

A New York physician has been sued because he was not to be found when a woman fell in labor who engaged the doctor to attend her. Another physician was called in, but the child was weak and lived but a few hours. Hence the suit.

The Electro-Therapeutical Society will meet at Dr. Mosely's office, 838 N. Eutaw Street, on Monday, November 5th, at 8:30 P. M. Papers will be read by Dr. G. Betton Massey, of Philadelphia, on "The Electrical Treatment of Pelvic Pain," and by Dr. Mosely on "Batteries" with demonstrations.

Surgeons who have done laparotomy since January 1st, 1886, are invited to contribute the record of their cases to the statistical tables published in *The Pittsburgh Medical Review*. *Selected cases will not appear in these tables.* Only the consecutive cases of each operator are published. Suitable blanks for recording operations will be forwarded on application.

A bill has been drafted for presentation at the coming session of Congress looking to the erection of a patho-biological laboratory at Washington. Its object is the study of the contagious and infectious diseases of human and animal life, and it is to be under the charge of the Surgeon-General of the Marine Hospital Services, who with a corps of efficient workers, will give the results of their work to the country at large.

The American Academy of Medicine will hold its next annual meeting at the New York Hospital, on Tuesday and Wednesday, November 13th and 14th, 1888. Papers will be read by Dr. H. I. Bowditch, of Boston; Dr. Theophilus Parvin of Philadelphia; Dr. Leartus Connor, of Detroit; Dr. L. D. Bulkley, of New York; Dr. J. C. Wilson, of Philadelphia; Dr. E. Andrews, of Chicago; Dr. George J. Fisher, of Sing Sing; Dr. C. C. Bombaugh, of Baltimore; Dr. R. L. Sibbet, of Carlisle, Pa.; Dr. W. F. Waugh, of Philadelphia, and the President's Address by Dr. F. H. Gerrish, of Portland, Maine.

The American Public Health Association, will hold its Sixteenth Annual Meeting, at Milwaukee, Wis., November 20, 21, 22, 23, 1888. The Executive Committee have selected the following topics for consideration:

- I. The Pollution of Water-Supplies.
- II. The Disposal of Refuse Matter of Cities.
- III. Animal Diseases Dangerous to Man.
- IV. Maritime Quarantine, and Regulations for the Control of Contagious and Infectious Diseases, and their Mutual Relations.

Among the officers and members are Drs. Geo. H. Rohé, William T. Councilman, Walter Wyman and C. W. Chancellor, of Baltimore.

The daily press is responsible for the following:—"Dr. D. Hayes Agnew has signified his intention of resigning the chair of surgery in the University of Pennsylvania. It was rumored that his resignation had already been tendered, but it was a false rumor. The matter has been amicably discussed by Dr. Agnew, his colleagues and the faculty of the university. Dr. Agnew feels that on account of advancing years he is entitled to a fair proportion of rest and the opportunity of devoting more time to his private practice. This view is acquiesced in by his associates, but they have urged him to withhold his resignation until next year. It is believed that Dr. Agnew will accede to this request."

Original Articles.

THE THERAPEUTIC VALUE OF SOME OF THE MINERAL WATERS OF THE UNITED STATES UPON MALARIAL DISEASES: WITH RULES FOR THEIR USE.\*

BY W. C. VAN BIBBER, M.D., OF BALTIMORE.

The effect of bad air upon the human system is shown in various ways, the differences depending upon the particular kind of air which causes the diseased conditions. Salubrious situations on the earth are known and recognized mainly from certain characteristics of the human inhabitants. It is true that other air breathing animals are injuriously affected by bad air, but this comparative study is not within the scope of the present paper.

Many of the changes in health, and grades in constitution produced by climate upon man are well known, and those peculiarities of disease existing in the inhabitants of different atmospheric planes have not escaped observation. The practising physician and climatologist will do well to study the effects of hills and mountains upon the human organism, for they exercise influences not to be accounted for by the chemical analysis of the air. By far the greatest number, as well as the most serious diseases, produced by the quality of the air alone, are found to originate in the lower strata of the air, that is, at an elevation but little above the level of the sea. It is true most of the inhabitants of the earth live in these lower strata, because most of the great cities of the world are built upon navigable waters, and the most fertile lands are found in alluvial formations.

It is believed that the plane of the atmosphere three hundred and fifty feet above tide water is for the most part free from that mysterious something which produces ague and fever. A few note-

worthy exceptions may be found to this law, but the planes of the atmosphere, from tide level, to a height of ten thousand feet, have already been studied as to the production of certain diseases, and the curing of others, and the work is still going on. This is one of the chief problems of the science of Climatology; and one result of these observations shows that certain symptoms and individual appearances, accompanied by constant pathological changes are found, with us, only as a rule, upon the ocean slopes and large river bottoms, and seems to be identified with this particular atmospheric plane.

To state the matter more precisely, we may say that, if a thousand men should be selected and taken from our sea-board swamps and river bottoms, below the thirtieth parallel of latitude, and placed side by side with a thousand men selected from a plane of the atmosphere over three hundred and fifty feet above tide water, north of the thirtieth parallel of latitude, the one set of men can be distinguished from the other set by the practising physician both whilst the men are living, as well as by an examination of the organs of the cadavers. Again, it is believed, that, should the men from the hills and those from the swamps change abodes for a few years, corresponding changes would take place in their physical peculiarities and outward appearance. These peculiar individual changes are wrought in a gradual manner by time, and, until recently, it seemed to be by an undetected hand; yet the changes are none the less certain and well marked.

It is the changes which will take place in the thousand men transferred from the hills to the swamps which will now engage our attention. These changes steal along in the human system, for a time possibly without noticeable manifestation, until finally, a culmination takes place, and a chill, a fever and a sweat, ensue in their proper courses. Then what was latent before soon becomes active, and the marked individual appearances begin to manifest themselves. These are externally, a sallow and stretched skin, muddy colored con-

\*Read before the American Climatological Association at the Congress of American Physicians and Surgeons, September 19th, 1888.



junctivæ, dry hair, dry and brittle nails, emaciation, a stooped curved and shrunken figure, and a slow crumbling of the teeth. The peculiar sensations or feelings which accompany these external appearances, are a gradual loss of strength and vigor, a desire to recline and rest, torpor of mind as well as of body. As mental effects we notice loss of ambition, indecision, procastination, superstition, a craving for stimulants, with a continuous belief in "biliousness." These symptoms come on slowly and may continue for years without relief, because seldom, or never, of themselves produce death, though their effects are serious and far-reaching; and, as will be seen hereafter, the three largest and most important organs of the body are so altered in texture and function that there is, comparatively speaking, but little of the physiological man left. It is no wonder therefore that there should exist under these circumstances a predisposition to pneumonia or other fatal affections. So that when from some intercurrent disease or from accident, death does ensue, the liver is found enlarged, generally softened, but sometimes indurated, and always changed in color, being filled with a black substance called "pigment." The spleen is likewise enlarged softened and changed in color. The marrow of the bones is also altered in color and consistence; and a peculiar crescent shaped micro-organism has been found in, and around the red blood corpuscles which is thus described, in a letter to me by Surgeon George H. Sternberg, U. S. A. He says:

"In response to your questions I would say that the parasite discovered by Laveran in the blood of malarial fever patients presents itself in various forms. Some in the interior of the red corpuscles, amœboid and segmenting forms, and some free in the serum, crescentic and flagellate forms. That these forms represent different stages in the life-history of the same micro-organism is inferred from the fact that pigment granules are found in all of them, and also from their association in the blood of malarial fever patients and from the fact that they have

not been observed under other circumstances.

These facts also give strong support to the view, that the parasite in question bears an etiological relation to malarial manifestations. The rapid destruction of red corpuscles during a malarial paroxysm, and the accumulation of dark pigment granules derived from the blood especially in the liver and spleen as the result of repeated attacks, is quite in accord with the observations of Laveran, Richard, Marchiafava Celli, Golgi, Councilman, Osler, and others relating to this interesting hæmatozoon."

The disease now under consideration, was anciently called malaria because it was universally believed to be due to unwholesome air. At present there is a question whether it comes into the system from the air, or through the water, in those situations where it is found; but there can be no question as to the identity of the affection; and this is the disease which will be considered in this paper.

It is surely a high office for the physician to study additional means of relief for those piteous sufferers from this terrible malady, and no more useful aim can engage the attention of this Society than to unite, in its collected wisdom, during this discussion, in an endeavor to ameliorate suffering such as is familiar to you all. The most important advance in this direction, was the introduction into Europe of the cinchona bark about the middle of the 17th century, and its properties as a febrifuge were soon widely recognized. Numerous theories have been advanced as to the mode of operation of this remarkable remedy, and still the problem remains unsolved; perhaps only to find a solution when we shall thoroughly understand the diseased conditions for the relief of which it is employed. Three things we may take as definitely settled, is that the "Jesuits' powder" is beneficial in these fevers; that it does not always cure them; and that we neither know why it succeeds nor why it fails. The immense number now suffering from both the acute and chronic forms of this kind of malaria,

notwithstanding the most liberal use of the specific remedy, is sufficient to prove conclusively that it has not an absolutely curative effect by itself.

The purpose of this paper is to suggest certain supplementary or auxiliary remedial agents in the treatment of these diseases; and these are found among the mineral waters of the United States. For more than 80 years the waters of the Greenbrier White Sulphur Springs, in Greenbrier County, Virginia, have had a high reputation for the cure of malarial diseases. The situation of the spring is in a beautiful mountain valley, twelve hundred feet above tide level. The medicinal virtue of the water is supposed to reside both in its solid and gaseous contents. Bad cases of the kind of malaria which has been described, are to be found visiting this spring every summer for the benefit of its water; and a large proportion of these patients come from the rice and cotton plantations of the sea-board; some from the valley of the Mississippi river and its tributaries; and others from the valleys of the rivers which empty into the Gulf of Mexico. I first visited this spring as a physician in 1851. Since that time I have had opportunities to study and observe the effect of this water upon the kind of malaria which has been described; and my observations have led me to adopt a regular system for its use.

The plans of cure which I shall recommend have been tested upon many patients and with generally good results. It often happens that those wishing to be benefited cannot remain at the Spring longer than from two to four weeks; and to suit this necessity, the plans have been called the two weeks, and the four weeks plans.

That for two weeks consists in drinking as much of the water, early in the morning, as is necessary to sensibly affect both the bowels and the kidneys—enough to give one or two loose watery movements from the bowels, and a free discharge from the kidneys. For this purpose an average person will require from two to four glasses of the water early in the morning. These should be

taken whilst the patient is in active exercise in the open air, and two hours should elapse after drinking the last glass of water before taking breakfast. At noon take a warm bath of the sulphur water, temperature 94° to 98° F. and remain in the bath from fifteen to twenty minutes. Whilst in the bath drink two or three glasses of the sulphur water. The time of the bath should be arranged so as to have dinner or lunch soon after leaving it; say about two o'clock, which is the usual dinner hour at the hotel. After this drink two glasses of the water at 5 o'clock P.M.; and two before retiring at night. Wash in the sulphur water morning and night; and exercise freely during the day by walking in the mountains. This two weeks systematic course has such a decided alterative action that few persons can safely carry it further than the time specified.

In the four weeks course the bath is ordered every other day, and the amount of the water to be taken may be proportionally moderated. The four weeks course should always be preferred when time can be given for this purpose. The object of this treatment is to produce a continuous acceleration in the action of both bowels and kidneys, and to increase the activity of the skin. These three objects are undoubtedly accomplished; and during the active course of treatment a good indication of its future success is found in the increased appetite; improved vigor; elevation of spirits, with a feeling of lightness of the body, and buoyancy of mind, which are most agreeable. One of the peculiarities of this water when drunk pure from the fountain, is to elevate the spirits with a sensation not unlike that produced by champagne. It causes a slight feeling of dizziness and an excitement of the brain. It may be this which gives a charm to the place, and a lustre to the ball-room which is not seen elsewhere. But it should always be used with reference to individual idiosyncrasies, either pure from the fountain, or "staled" by the evaporation of its gas according to the valuable rules given by Dr. J. J. Moorman, who was



for more than thirty-five years the resident physician there.

The other springs, with the waters of which I have had nearly as long an experience in chronic malarial troubles, are the Saratoga Springs, in Saratoga county, New York. There are now more than twenty-one springs opened at this celebrated place, each one of which has a different chemical analysis. My observations have been more particularly confined to the Congress, the Hathorn, the Hambleton and Washington Springs, as drinking waters, and to the Putnam, the White Sulphur, and the Red Springs as bathing and washing waters. From these I have made up a definite course of treatment, which I advise for two weeks and four weeks, similar to the courses already given for the Greenbrier White Sulphur water, and which, I think, has many advantages.

During the first week of the two weeks course, as much of the water of the Congress Spring should be taken, early in the morning, combined with active exercise, as will produce a decided effect upon the bowels and kidneys. An average person will require from two to four glasses of this water, and the last glass should be taken about an hour and a half before taking breakfast. During the second week of this course the Hathorn Spring should be used. Take each day at noon a bath of the Putnam or White Sulphur water, at a temperature of 94° to 98° F., and remain in the bath from fifteen to twenty minutes, drinking whilst in the bath, one or two pints of the Hambleton Spring water. At 5 P. M. take a wineglassful of the Washington Spring water, not more; and at 6 and 10 P. M. take one or two glasses from the Congress or Hathorn Springs. Wash night and morning in the water of the Red Spring.

This gives a definite course of treatment, the object of which is to produce an alterative effect, and to rapidly change the molecular structure of the body. Few individuals can continue such a course of these waters for a longer period than two weeks. In the four weeks course, which is always to be preferred if it is possible, the bath is to be taken every

other day and the amount of the waters taken each day to be proportionally diminished.

In this course of treatment, by the water of either of these springs, the activities of the body are increased in every department, the bowels, kidneys, skin, liver, stomach, mind and spirits are all safely and agreeably stimulated. It is a full occupation of his time for a patient to undergo this treatment. To most persons it is a delight to experience the sensations resulting from it. The entire body seems to be renewed, the patient feels confident that the change will be lasting. It is a safe treatment; it is systematized and may be changed to suit individual cases. If this system is carried out it may be of service in preventing that blind bathing and drinking which our physicians find so injurious at all the springs in this country and which is in strong contrast with the practice at similar health-resorts in Europe.

Having pointed out two Springs which are salutary in malarial troubles, and having given those rules for the use of their waters which I have found most beneficial, I might here let the subject rest; but the disease of which we are treating is such a remarkable one, its literature is so large, its prevalence so wide spread, its theories so interesting, that I trust I may be permitted, in conclusion, to say a few words concerning the *modus operandi*, or the manner by which the beneficial effects of the proposed system are produced.

Until about eight years ago everything concerning the cause of intermittent or remittent fever was clouded in obscurity; and everything concerning the manner of its cure was a matter of theory and conjecture. Now a step has been taken in advance which will increase the interest attached to its treatment. Students in Europe; at the Johns Hopkins University; in Philadelphia, and elsewhere in this country, have made public the results of study and experiment, which bring the whole subject into a new phase; replace fancies by facts, and introduce a new method of treatment. To bring

this out clearly, I will place side by side the two explanations of the manner of cure, in order to contrast the old teaching with the new:

*The old explanation.*—"By the use of the waters as advised, all the outlets of the body have been opened, and in this way the diseased particles have been removed. What particular path they took to get out of the system is a matter of conjecture; but the result of the treatment is sufficient to prove the fact that they were eliminated by some means or other."

*The new demonstration would read in this way:*—"The hæmatozoon which controls the disease has been found; and a study of its movements will alone reveal the truth. The number of red blood-corpuscles which have been damaged in any particular case can be told by actual count; and the restoration of healthy red blood-corpuscles can be determined in the same way. Under certain favorable circumstances the healthy red blood-corpuscles are rapidly formed, and when they are sufficiently abundant and vigorous, they dominate the system, resisting both the reception and the encroachments of disease. Those globules which were formed at the two springs, both of which are situated at elevations above the usual melanæmic line, were produced under different and favorable circumstances of air, food and water. If, during a certain system of treatment, the blood be rapidly brought from a condition of disease to one of comparative health, we may legitimately infer that those globules which have been formed in the progress of the treatment, are of a healthy character; and if we were able before, to detect special vitiation in the red corpuscles, we may expect to find special improvement in these. And this is precisely the result which follows the treatment I am recommending."

Without entering into technical detail, I think what has been said represents the present state of our knowledge concerning paludal malaria. The plans which have been advised for its adjuvant

treatment, I can recommend to you after an ample experience, and if they should be sanctioned by your reason and used in your practice, I cannot doubt that the benefits will at least be equal to what I have mentioned as the result of my own experience.

### A CASE OF INCO-ORDINATION OF THE MUSCLES OF SPEECH; TREATMENT FOLLOWED BY GREAT IMPROVE- MENT.

BY ALEX. L. HODGDON, M.D., OF BALTIMORE.

B. W., Aged 18 years was of neurotic temperament, had grown rapidly and made some little progress in his studies, but could not follow them up in a satisfactory manner on account of his defective speech. No family history could be obtained. He had been a sufferer from malaria some years before I commenced attending him, and I thought at first the marsh poison might be one of the factors in the production of his disease, but treatment in that direction was not of the least benefit, the defect in his speech still continuing as bad as ever. The malarial element, as a factor in the production of his disease, having proved a myth, the next question was what could be the active agent. Only one thing capable of producing the disease was found, and that was the presence of a long fore-skin. I told the patient that this was the probable origin of his trouble, and advised him to be circumcised, which advice he followed. I performed the operation of circumcision upon him some months ago, and his speech is now greatly improved. Had this operation been performed on him in childhood, he might by this time be earning his living by following some trade or business. Circumcision is of great importance as a hygienic measure, and it would be well if it were performed by all nations. Vaccination is a hygienic operation, so is the operation of circumcision. Circumcision is practised by a number of nations. It is said that



among the Friendly Islanders the operation is performed because the women will not marry a man who has not been circumcised.

### Society Reports.

#### BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD OCTOBER 16, 1888.

Dr. H. M. WILSON, the President, in the chair.

#### SPEECH OF THE RETIRING PRESIDENT.

Dr. W. C. Van Bibber, the retiring president, made the following remarks:

*Members of the Academy of Medicine of Baltimore, Gentlemen:*—In retiring from the Chair, and seating him whom we have elected to take my place, it gives me pleasure to congratulate you upon the choice which you have made for your president this year, as well as upon the reassembling of this Academy.

I trust the work of this year may exceed that done during the last, and thus that the affairs of the Academy may increase and become more important as time advances.

During the first part of last year we had many full and successful meetings. For the first time in several years we succeeded in obtaining a resting place, and a hall of our own. Let us hope that after this year, and even during this year, we may obtain a hall still better suited to our purposes than the one we are in now. I know it is a fond desire of all of us that we should have a habitation and a home with which every member may be quite satisfied. Believing this to be our wish, I am sure it will come to pass, and the sooner it is done the better. During the year just past several occasions have occurred to show plainly how much an authoritative body was needed in our profession. I need not detain you by enumerating these occasions, but when there is an apprehension for disturbance in the

public health, the collective advice of such a society as it is proposed this shall be, is always much in demand.

During the year we published an advertisement for prize-papers under rules laid down by this society. A committee was appointed to take this in charge, whose report we will receive at the proper time.

During the year the Society lost one of its members by death; two by resignation, and gained five members by election.

It must be a work of time to reach the full fruition of the object, or mission, of this Society. Its members, one and all, must be active, yet patient, ever watchful, and always firm in purpose and belief. We must view the field of facts around us as it exists, and make every allowance for the peculiarities of our situation. That the members of the medical profession are not situated in this city, in every respect, as those of our profession are elsewhere, is a fact which is admitted by us all. In this Society we must recognize these differences, and by studying them mould our actions as necessity demands. Only let us be determined in this, that from the honor and distinction of being in this Society we will cherish its membership, and in every way we can, strive to make its standard higher. We have already had difficulties, we have had periods of depression, we have been the subject of criticisms, but we have not yet broken our rules nor lowered the standard of our Society.

What we need, as members, and as literary men, is more time which we can devote to society work. We want confidence in ourselves; we lack, I fear, enthusiasm, we are wanting in punctuality and in determination to come to the meetings in a body. This produces a seeming lack of vim and force. But all these things will come if we only meet often in our full strength, and strengthen each other by showing a united interest in our mission, and a determination to found the Society after the fashion we have proposed, and to be satisfied with nothing short of its complete success. Thus by work, and a united determination and interest, our

success will come, not only in a regular course of deduction, but it will come with ease and grace, by the traction of fraternity, and the love of learning and science; and when it is fully assured, it will be plainly felt amongst us, hailed with joy and honored by all.

Gentlemen, permit me to present to you now our new President, before whom let us renew our vows for usefulness, industry, love, honor, and obedience.

#### THE PRESIDENT'S ADDRESS

was then made by Dr. Henry M. Wilson, on taking the Chair at the opening of the session.

*Gentlemen of the Academy:*—I am deeply touched by the honor you have done me in calling me to preside over your deliberations during the coming year. I cannot assume the duties without some trepidation, but your kind indulgence and assistance will, I am sure, supplement my deficiencies.

The work of the Academy is manifold; though centering about the generic term medicine, it is intimately concerned with every little rill and branch which enters into and swells the river, and the importance of the work in our busy professional life cannot be overestimated. In urging a plea for your increased interest, and, help to make the Academy what it ought to be, I venture to suggest one or two considerations. The time to discuss the merits or demerits of specialties is past; they are here to stay. Every department is being segregated and the same reasons that induced Mr. Darwin to spend years in the study of the earth-worm, obtain, in the effort to focalize thought, experiment and comparison, on topics of vastly greater importance. The field is so large, and the time so short, that little beyond a glance, at the most, is afforded us. It was a brave effort in the olden time for one who appreciated and had struggled through some of the difficulties of professional preparation, to give a helping hand to those less endowed and who, in the hurry of his life-work, was willing to teach anatomy, surgery, practice and obstetrics. The very thought causes a smile, but not of

derision. It was the commencement—the dawning of a better day—the girding up for the ascent of that high and rugged mountain with its cloud-capped crest, warning off the sluggard and the loiterer, but with rich promise for him who longed for a wider view. Every single branch of the old curriculum is divided and subdivided, and tireless workers spend a life-time in what was formerly considered only an obscure point of but little practical importance. It follows, I think, that no one, even though he be but moderately occupied, and with more hours and opportunities for study, than fall to the lot of most men, can keep abreast of the literature of his profession. The journals teem with novelties, monographs discuss new diseases and new remedies, and experiment and discovery follow each other with startling rapidity.

To those in general practice as well as all others, is the necessity absolute and pressing, for an acquaintance with the results at least, in cognate branches. To narrow the vision is to narrow the resources, because to a greater or less degree, the tap-roots of our profession, though they permeate different strata and drink from diverse springs, yet blend in their nourishment of the common trunk. We may not be able to follow every investigation, but we will be illy-equipped for our own particular sphere of duty if we fail to know the results of the work of others. Sir William Hamilton says, "Analysis and synthesis though commonly treated as two different methods are, if properly understood, only the two necessary parts of the same methods. Each is the relative and correlative of the other." The spectrum is the logical and experimental result of the prism, but after all, gentlemen, the blended rays—the white light is what is needed.

If I have not overdrawn the picture, can a better way be suggested, by which we may obtain some conception of the great advance of our art, than by such as our Academy affords. For the most part the recital of our observations in particular and obscure cases—the trying emergencies that confront us—are given briefly yet in point, admitting questions



and explanations, while excluding extraneous and unimportant matters. Add to this the differences in the taste and practice of our members. No one specialty enjoys a monopoly, but each in turn contributes its several share to the general fund of knowledge. The absence of restraint and the colloquial character of our meetings may be considered as inviting the fullest liberty of imparting information, and the readiest way for its reception as well. The doubt or non-sequitur, with its explanation or solution will often compass the gist of an article, and a discussion of thirty minutes may include the salient points of what is known of value in actual practice, running through many pages.

Please consider, gentlemen, another element of great importance in our sessions, viz: thorough practicability. The subjects you will be called upon to discuss, the specimens you will examine, the cases that will be submitted to your criticisms, are the integers that largely involve your own success or failure—the incidents that make up your professional life. You may be called to consider the peculiarities of some case to-night so different from any of its class you have ever met, that its very singularity assumes the statuesque. You are impressed by it, discuss it, think of it, and on the morrow are surprised to find that the consensus of the discussion indicates the ready and fortunate treatment of a case of your own.

The social features of the Academy form no inconsiderable item of its usefulness. In this utilitarian age, men of like taste and like pursuits, find it profitable to compare methods and strengthen common interests. Both are alike desirable to us. Co-öperation is strength. In the main, we see too little of each other. Our acquaintance is incidental, and our salutations are too often restricted to a passing nod. In my experience, physicians seldom meet without reciting something of the day's work, and in so far, our preparation is the more complete, and our service all the more valuable. This of itself is highly important, but to it must be added the value of the companionship. The relaxation from exact-

ing labor, slight though it be, is not to be lightly estimated. To a tired doctor, the grasp of the hand and the cheery voice of a friend is oftentimes the veriest benediction.

If what I have said be true, the opportunities afforded by the meetings of the Academy can scarcely be overestimated. It is a school in which we cannot fail to learn much, but as elsewhere some equivalent is demanded. We cannot reasonably expect to receive only. We must contribute something in return. If we have the willingness, the material, fortunately, is within easy reach. No one member can excuse himself for lack of his part of the contribution to the common interest. For us, the grand old sentiment of Terence can be paraphrased. 'What concerns each concerns all,' and we are very far from the mark if we for a moment consider that the case that interests us has in it nothing beyond. We are too firmly bound in the details of a common pursuit for such a conjuncture to be possible. May it not be, that we are silent because we cannot recall something strange or striking? These we welcome when they come, but they form the exceptions. For the most part, day in and day out, our work partakes of the ordinary. But as in this, no two of us see exactly alike, and view symptoms and remedial procedures from different standpoints, it is evident that comparison in what we may consider plain cases cannot lack of interest.

Pardon me for one other word. If we are not present, we can neither give nor receive. To make our meeting attractive, requires as a 'sine quâ non,' our personal help and attendance, and may I emphasize this by adding an *increased* attendance.

I have ventured to speak of what must have seemed to you the merest platitudes—suggestions that go without saying, and yet we are wanting in these very matters, and too often forget their significance. May I not bespeak, at the very commencement of our year's work, your heartiest sympathy and best endeavors to elevate the work and to encourage the workers.

Again, gentlemen, I thank you for the honor you have done me, and announce the Academy open for business.

At the request of the Academy of Medicine, Dr. J. J. Chisolm then gave his

EXPERIENCE OF THE PAST SUMMER AT THE  
CHIEF EYE CLINICS OF EUROPE.

He restricted his remarks to the operation for cataract, which he said was the most important surgical procedure in ophthalmic surgery. It has as its object the complete restoration of a lost function "sight," one of the most precious of the senses. In the hands of skilful and careful surgeons the cutting into the eye-ball and the removal of the opaque lens has become the most perfect of all surgical manipulations. Life is never jeopardized by it, and the loss of eyes reduced to 1 per cent., the veriest minimum of capital surgical operations.

Thirty years since, there were three methods known as classical cataract operations. The first was couching or the displacement of the opaque lens from its bed behind the pupil to some distant part of the vitreous. The second was the extraction of the cataract through a large corneal flap. The third was the breaking up of the lens, to facilitate its absorption within the eye ball. All were dangerous operations. The displacement of the lens by couching, so commonly done, because so easy of accomplishment, and which gave such immediate good results, was commonly followed sooner or later by intra-ocular complications and lost vision. Now, that much better methods are practised, the couching operation which was in use at the time of Solomon and which has continued in vogue to the middle of the 19th century, is altogether given up. The manual of procedure for couching cataracts has disappeared from works on ophthalmic surgery.

Discission, or the cutting up of the hard lens to facilitate absorption, which brought such mischief in its train, has also been abandoned and is no longer explained in text books.

The extraction of the lens through a large flap in the cornea, gave the most perfect and the most permanent results. When successful, a perfect eye was restored, both as to its appearance and its uses. A normal central pupil remained; so natural in appearance, that the eye from which a cataract has been successfully extracted could only be recognized by the depth of its anterior chamber. The only drawback to this beautiful result was the frequent loss of eyes by corneal sloughing, and by prolapse of the iris in hernia through the corneal wound. This accident occurred so frequently that one out of every three eyes was lost by it. Even with this eye mortality of 33 per cent. extraction of the cataract was a great improvement on couching or on discission.

Von Graefe was the surgeon who devised the iridectomy as the necessary concomitant of the cataract extraction. By removing in advance the piece of iris which so often caused the corneal wound to gape, he saved thousands of eyes from destruction. Graefe's cataract extraction with iridectomy is the operation of universal acceptance to-day.

When cases have passed through this ordeal the only visible fault is in the horse shoe pupil, more or less large, which is disfiguring to many. It also admits too much light into the vitreous chamber, interfering with the sharpness of the retinal image.

For five years back there has been a desire on the part of some of the most advanced ophthalmic surgeons to avoid, if possible, the mutilation of the iris, and to retain a round pupil as the most perfect of all cataract operations.

The recent discovery of cocaine and of eserine, the two essentials for successful cataract extractions without iridectomy have been secured. Cocaine makes the operation painless and enables the patient to keep the eye very quiet during the operation. Eserine keeps the iris in place, and by contracting the pupil draws the iritic septum away from the corneal opening, allowing the wound to heal by quick union. This old revived operation of cataract extraction without iridectomy is now coming boldly



to the front and with many has already supplanted the operation of Græfe.

With all eye surgeons in Europe I find antiseptis recognized and observed. Absolute cleanliness in person and surroundings was everywhere visible. The time-honored eye sponges had disappeared. Pledgets of sterilized absorbent cotton had taken their place and of course were thrown away immediately after use. The commonly used antiseptic liquid was boric acid in saturated solution, grs. xvi to  $\xi$  i of water. This liquid was used by all the surgical staff of the London Eye Hospital. In Paris corrosive sublimate solution 1 to 4000 was preferred by some to the boric acid solution. Dr. Panas, the eye surgeon of the "Hôtel Dieu," preferred a solution of the bin-iodide of mercury 1 to 20,000 of water. He considered this as efficient and less irritating than the sublimate lotion. As the mercurial solutions affected injuriously the finer eye instruments, heat in some form was used to render them aseptic. Some surgeons would put them into boiling water, while others would pass the blade of cataract knives rapidly through the flame of an alcohol lamp, with the belief that the instantaneous application of this very high degree of heat must destroy any living germ, and yet not do harm to the cutting edge of the instrument. The douche bottle was freely used in cleansing the surface of the conjunctiva of all adherent secretions in which germs may lie embedded, and some force was imparted to the stream of antiseptic liquid through atmospheric pressure. Dr. Galezowski was so careful in carrying out this preparatory step to cataract extractions that he would also wash out the lachrymal sac by sending a stream of the germ-destroying liquid through the canaliculi into the nose by means of a lachrymal syringe. This careful preparation brought abundant fruit. In following up the great many cataract extractions seen during my daily visits to the various eye clinics I did not witness a single case of corneal sloughing or suppurative inflammation.

A solution of cocaine from 4 to 6 per cent. as the local anæsthetic was every-

where used, and was not applied to the eye until the patient was placed on the operating table. Five minutes were allowed for its absorption, and to ensure perfect anæsthesia. The application of the eye speculum to keep the lids apart during the surgical operation was not universal. While all surgeons made use of it to enable them the better to make the corneal incision, some removed it at this stage of the operation preferring finger pressure to support the lids during the after steps. All ophthalmic surgeons used Græfe's linear cataract knife in making the corneal section. In making the corneal opening the eye ball was firmly held with fixation forceps. The corneal incision was always ample to allow of the easy exit of the lens, and was restricted to the cornea proper, although both puncture and counter puncture were made in the white rim of the cornea. The flap-like incision was made to follow the white circle as much as possible, not however getting under the conjunctiva in completing the incision. Some surgeons in passing the knife across the anterior chamber made the point dip into the lens in the pupillary area, in this manner opening the capsule simultaneously with making the corneal section. This plan excellent as it is, was not generally adopted. Some surgeons use the cystotome for tearing up the surface of the capsule in the pupillary area, while others seized the capsule with sharp toothed iris forceps and in withdrawing the instrument brought out as large a piece as possible of the anterior capsule.

In Paris, with few exceptions, the leading surgeons performed the extraction without taking out a piece of iris. This operation they had been doing for some time, in hundreds of cases, and with such excellent results that they rarely resorted to iridectomy in simple senile cataracts. In London, all surgeons removed a piece of iris, with the statement that the cataract extraction with iridectomy had been so successful in their experience that they were not disposed to resort to the newly suggested method for fear of complications during the after treatment. The rule adopted

by the French and German surgeons was to remove the piece of iris if it showed any disposition to protrude after its replacement in the anterior chamber, at the time of the cataract extraction. Should the hernia of the iris appear during the after treatment it was then also excised. They gave the eye the advantages of no iridectomy as the better operation, finding that the removal of the hernia, should the iris protrude, even days after the extraction, only the conversion of the operation without iridectomy into one with iridectomy.

The thorough cleansing of the eye from all fragments of cortical substance was universally adopted. Some surgeons secure this by the continued stroking of the cornea upwards by means of the curette and finger pressure; others insert the curette or spatula into the anterior chamber, lifting out any fragments of the cataract which were disposed to linger. Dr. Panas and Dr. Wecker washed out these fragments by the use of delicate syringes, using as the antiseptic fluid a solution of boric acid grs. xvi to ʒi of water. When the eye chamber was thoroughly cleansed, should the iris have been displaced during these manipulations it was smoothed back into position by sundry strokes of a rubber spatula. After the operation was completed a 1 per cent. solution of the sulphate of eserine was dropped upon the conjunctiva for the purpose of contracting the pupil and keeping it away from the corneal opening while the process of healing is going on.

In all cases both eyes were carefully covered by antiseptic cotton compresses, and secured by bandages. All operations were performed in the operating room and the patients walked to their beds. The eyes were examined on the second, third or fourth day should the patients complain of pain. Bandages were removed on the 6th and 8th day, and smoked glasses substituted.

During the past eight weeks, since my return from Europe there have been 38 cataract extractions and 9 needle operations at the Presbyterian Eye and Ear Hospital of Baltimore City. Most of these I have done without iridectomy.

The results have been uniformly satisfactory. In all of these cases the eye operated on only has been closed by adhesive strap, the other being left open for the guidance and comfort of the patient. When the adhesive isinglass strap was removed, on the 5th day, a piece of the iris was found protruding in four cases. To hasten the convalescence in these four cases the hernia was cut off under the usual antiseptic precautions in constant use at the Hospital. This excision on the seventh day after the cataract extraction caused no annoyance, and convalescence continued as if the iridectomy had been done at the time of the cataract extraction. In the month of June, prior to leaving for my vacation I had removed 15 senile cataracts without iridectomy, following in these cases the rule of the Hospital, of only closing by the isinglass strip the eye operated upon, also allowing the patient the freedom of his room without being put to bed at all. Of these cases one only, exhibited a small dark pin head nodule of iritic hernia, too small to be disturbed by excision. All obtained good sight. This result which is as good as is possible to be attained, shows conclusively that the simple method of dressing eyes after cataract extraction with the isinglass strap, leaving the other eye open, adds immensely to the comfort of the patient, while the absence of all restraints from confinement in bed, increases rather than detracts from the rapidity of the convalescence.

During the past 18 months in 136 cases of extraction of simple senile cataract at the Presbyterian Eye Hospital where the closing of one eye is the sole dressing of cataract patients, only one eye has been lost, and that by panophthalmitis in an old man of bad habits. The extraction of his cataract was in every way smooth and satisfactory. Pain commenced a few hours after the completion of the operation and was the initial symptom of suppurative inflammation which soon destroyed the eye. What caused it I do not know.

On the same day other cases were operated upon at the same



time and with the same instruments. The rule of the Hospital is to thoroughly cleanse all instruments in very hot water immediately after each operation. The after dressings were identical in each case and the patients were put in the same ward and under the same nurse. Why this one alone should have had his eye destroyed by destructive inflammation I cannot explain. It is the only case of lost eye after simple senile cataract extraction that has occurred in the Hospital since May 1st, 1887.

Much interest was aroused by these remarks and numerous questions were asked and remarks made by Drs. Jay, Bond, Uhler and others.

#### FIBROID TUMOR OF THE UTERUS.

*Dr. B. B. Browne* then exhibited a fibroid tumor which he had removed from a woman 31 years old who had been married eleven years and never had children. She had had serious hæmorrhages. He dilated the uterus with a Sim's dilator and felt the tumor adherent to the upper portion of the wall. He inserted his finger and a hard rubber enucleator and separated it from its attachment. It weighed about 8 ounces.

There was much discussion as to the position of the tumor and its manner of attachment and a lively debate followed which was participated in by Drs. Michael, Chisolm, Bond, Jay and others.

WILLIAM B. CANFIELD, M.D.,  
Reporting Secretary.

**THE WINTER DRESS OF MEN.**—When any question is raised as to the wisdom or otherwise of certain modes or habits in regard to dress, it is commonly supposed that it is only foolish women or helpless children who require advice. There are perhaps at least as many men as women who suffer from the effects of cold through injudicious neglect of the clothing suitable for winter use, and thus contract sciatica, rheumatism, or pneumonia. Men acquire lumbago from the open coat and the waistcoat

with a cotton back, but which ought to be lined with flannel. Not only do men frequently neglect to use an overcoat with the commencement of the cold season, but often they will leave the frock-coat unbuttoned, so that it becomes almost useless in a cold wind as a means of protecting the loins. Tight kid gloves and tight thin boots are frequent causes of cold hands and chilled feet, especially when accompanied by the persistent use of thin socks. When there is a known tendency to catarrh, or delicacy of lungs, the garments should be made well-fitting round the neck, and collar not too loose and open, the waistcoat buttoning high, while continuous flannel undergarments are used uniformly over the body. The dress clothes being so much thinner than those worn during the day, it is well that in winter a high-fitting waistcoat be used under the shirt to protect the trunk. These and many other common-sense points as to winter dress are frequently neglected till mischief has occurred, or a warning has taught wisdom. The wiser man is he who changes his clothing according to the weather in such a variable climate as ours.—*Brit. Med. Jour.*

**RESORCIN IN THE TREATMENT OF KELOID.**—Audeer has recently published a note in which the application of resorcin was of great service in the treatment of keloid. The patient was a woman, whose right foot was curved over two-thirds of the dorsum, with an irregular star-shaped mass of scarry tissue raised in demi-relief. It was very tender, so that progression was impeded. At night, when in bed, or a hot summer's day and at the changes of weather, the pain of the keloid was almost unbearable, so that at times the patient could not do her housework. A 1 per cent. ointment of resorcin was applied, and the foot bandaged. The patient was soon relieved, and the continued application of the treatment brought about a permanent cure of the pain. Von Nussbaum has also experienced a good result from the use of resorcin in keloid.—*British Med. Journal.*

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BALTIMORE, NOVEMBER 10, 1888.

Editorial.

THE USE OF MINERAL WATERS IN MALARIAL DISEASES.—The treatment of disease by mineral waters has been a study much neglected by the physicians of this country. The natural resources of our rich land are equal, if not superior to those of other countries, and mineral springs form one striking example of these resources. In many of our States mineral springs of undoubted value exist, and springs giving forth waters able to cure the most obstinate diseases. It is the lack of knowledge how to use these springs that causes lack of faith in their efficacy on the part of many. A systematic and careful analysis and a faithful clinical record of a series of similar cases treated are what is needed for an understanding of the use of these waters.

At the recent meeting of the American Climatological Association held at Washington, a committee on mineral springs appointed at a previous meeting, made an extended report on mineral springs, and this report forms one of the most valuable contributions to the study of mineral waters. Dr. Wm. Pepper, of Philadelphia, Dr. A. H. Smith, of New York, and Dr. W. C. Van Bibber, of Baltimore, made three separate reports

on the use of the waters in different diseases.

Dr. Van Bibber takes two springs as types and gives a plan of a two weeks and a four weeks cure. The cure requires the entire attention of the patient and from the amount of water to be taken before breakfast, requires early rising and early fasting, which many would strenuously oppose. His programme for the two cures is one worth trying, and it has been very successful in his hands. It would seem better to take the four weeks cure and take it gradually rather than to begin to drink so many glasses and take so many baths at first. In regard to the latter, it is astonishing to one inexperienced how few baths some patients can bear at the springs and how debilitated they become at first, even from bathing every other day. The plans suggested by Dr. Van Bibber causes a complete regeneration and sets the whole machinery working on rapid time and cannot fail to frighten off the worst attack of malaria, provided a sojourn in the night air of Virginia does not discount the good effects of this cure.

SOMETHING NEW (?)—The following is from the proceedings of October 22, 1888, of the Medical Society of London :

"On a New Method of Raising the Epiglottis.—Dr Howard gave a brief account of an elaborate paper prepared by him to show that, when the epiglottis fell back over the laryngeal aperture just as apnoea deepened into unconsciousness, traction on the tongue was altogether without any effect in raising the epiglottis. He showed, on the other hand, by the aid of diagrams, that extension of the neck and raising the chin produced direct traction on that organ, and thus facilitated a return of respiration. He had worked out the subject very carefully by means of frozen sections, and he pointed out the importance of recognising the fact in chloroform narcosis and other forms of impending death from apnoea. He recommended in such cases that the head of the patient should be



allowed to hang over the edge of the table, forcible extension being applied if necessary."

If Dr. Howard had finished his medical education by a trip abroad to America and had visited the good hospitals and medical clinics of Baltimore he would have long since learned the value of this method without elaborate experiment. This method has been long used by all experienced anæsthetists of this city.

**ANTIPYRINE IN OBSTETRICS.**—Antipyrine, at present the favored child of the *materia medica*, has been used with such success in medicine and surgery and praised so highly that it is time at least that adverse criticisms on its efficacy should be made.

In December, 1887, and also in 1888, MM. Laget and Queiral, of Marseilles, brought forward the fact that antipyrine given in doses of 4 grammes (5j) lessened the pain during the last stage of labor. It may be given hypodermically in doses of 25 centigrammes (4 grains) at any time during this stage of labor. If the first injection does not succeed, a second may follow in two hours. In general the effect of the drug is noticed in twenty to twenty-five minutes. It has no injurious effect on the progress of labor, and at the period of dilatation it is especially useful, dulling the pain and yet, at the same time, having no retarding effect on the contractions.

From the observations made by Dr. Auvard and M. Lefebvre, (*Bulletin Général de Thérapeutique*, October 15, 1888) on ten cases, they draw the following conclusions which are different from those of the gentlemen previously quoted:

1. In certain women who are particularly impressionable, the administration of antipyrine during labor seems to produce a genuine soothing effect, most frequently slight in character, due either to the action of the drug itself, or rather to the moral influence of the hypodermic injection.

2. In the majority of cases the action of antipyrine is nil.

3. Still, without denying the good re-

sults which are exceptionally obtained from this drug, its good influence on the labor pains should be considered as very uncertain, and it can in no way be compared in obstetrics with chloral or chloroform whose anæsthetic power is to-day unquestioned.

#### THE EFFECTS OF REFLEX IRRITATION.

—In youth and childhood the nervous system so far outstrips the other parts of the body in development that at certain periods the overdeveloped nervous system causes obscure troubles in distant parts of the body. These reflex troubles, as they are called, are often difficult to treat on account of their obscurity. In infancy, the relation of intestinal troubles to dentition forms one of the best-known examples of reflex irritation. The highly sensitive condition of the glans penis renders any irritation by an elongated or tight prepuce, a source of very peculiar symptoms. The case reported in this issue by Dr. A. L. Hodgdon shows how an examination of the prepuce and its subsequent circumcision cured a very obscure case of inco-ordination in a boy. Cases of reflex paralysis from irritation of the glans penis have been reported. Cases are on record in which locomotion and even standing was impossible, the legs having lost all power, and yet the electrical contractility of the muscles and knee jerk symptom remained. In one such case (*MARYLAND MEDICAL JOURNAL*, December 15th, 1882,) the elongated and tight prepuce was only accidentally noticed on applying the electrode to the child's limbs. Circumcision were resorted to at once and cure followed almost immediately. The practice of circumcision in infancy would be a custom of the greatest benefit to mankind, and the physician should carefully examine the condition of the foreskin in all young males under his care.

#### Miscellany.

**VIRGINIA MEDICAL EXAMINERS.**—The Governor has appointed the following physicians as members of the medical exam-

ining board of Virginia for a term of four years, beginning January 1, 1889: Dr. T. J. Moore, Richmond, and J. S. Stone, Lincoln, Va., from the state at large. First congressional district, Drs. S. W. Carmichael, Fredericksburg; D. B. Finney, Onancock; W. W. Douglas, Warsaw. Second congressional district, Drs. Jesse H. Peck, Hampton; Herbert W. Nash, Norfolk; James Parrish, Portsmouth. Third congressional district, Drs. R. W. Lewis, C. R. Cullen and Hugh M. Taylor, Richmond. Fourth congressional district, Drs. J. Herbert Clairborne, Petersburg; W. J. Harris, Blackstone; Hugh Stockdale, Petersburg. Fifth congressional district, Drs. Rawley W. Martin, Chatham; W. L. Robinson, Danville; T. B. Green, Rock Mount. Sixth congressional district, Drs. H. Grey Latham, Lynchburg; A. Trent Clarke, South Boston; Oscar Wiley, Salem. Seventh congressional district, Drs. W. P. McGuire, Winchester; J. H. Neff, Harrisonburg; Hugh Nelson, Charlottesville. Eighth congressional district Drs. Alex. Harris, Jeffersonton; Charles C. Conway, Rapidan; Bedford Brown, Alexandria. Ninth congressional district, Drs. Robert J. Preston, Marion; R. W. Hufford, Chatham Hill; S. W. Dickinson, Marion. Tenth congressional district, Drs. Z. J. Walker, Brownsburg; H. M. Patterson, Staunton; J. D. Meriwether, Green Forest. The following homeopathic physicians were appointed members of the board: Drs. Geo. P. Stone and George A. Taber, of Richmond; Dr. M. E. Douglas, of Danville; Dr. W. P. Jones, of Petersburg; Dr. F. P. Webster, of Norfolk.

**SURGERY OF THE BRAIN.**—With the long-established operation of trephining in cases of injury to the brain, and the recent advances in thoracic and abdominal surgery, it seemed as if the fields open to surgery had been about all cultivated, but with the report of Macewen, made at the last meeting of the British Medical Association in Glasgow, in August, and the more recent report in the

Congress of Physicians in Washington, last month, of the work of Mills and Weir and Horsley and others, it seems established that it is no longer necessary to stop with trephining the skull; that the brain itself may now be invaded in some cases not only with safety, but with surprising advantage. Whether the lovers of notoriety will be as reckless hereafter in brain surgery as they seem to have become in abdominal surgery remains to be seen. With some, evident desire for notoriety seems so irresistible that in all probability the near future must witness the passage beyond a line of safety into the wide domain of uncertainty and risk, and sometimes to the detriment of the patient.

If laparotomy, to verify diagnosis, be justifiable, will not some reckless or injudicious diagnostician want to verify a diagnosis of compression of the brain, and feel more free to trephine the skull, only to find that his supposed case of compression proved to be but the stupefaction produced by alcohol? It seems to be as difficult as ever to avoid excessive conservatism on the one hand and reckless surgery on the other. Now that prudent surgeons have shown that surgery may advance somewhat beyond what were supposed to be its limits of safety, the doors have been opened for the imprudent ones. How soon shall the reports of the first victims be looked for? Scylla may be avoided, but let not Charybdis claim the escaped as victims.—*Chicago Med. Journal and Examiner.*

**TREATMENT OF EPILEPSY.**—Considering the nervous disorders, partly of convulsive kind, which compose the cachexia strumipriva resulting from ablation of the thyroid gland, Signicelli suggests that a derangement of the functions of the thyroid body might play a part in the production of epilepsy. This idea led him to try the effect of galvanisation of the thyroid body in epileptics. Seven cases were tested: three showed no change in the progress of the disease; the other four presented first an augmen-



tation and then a rapid and progressive diminution in the number of fits, which ceased entirely in one case for a month, and for two months in another instance; the mental state of the epileptics also improved.—*Lancet*.

DR. FRANKLIN H. HOOPER (N. Y. Medical Journal, Nov. 3, 1888) in discussing the effects of varying rates of stimulation on the action of the recurrent laryngeal nerves, summarizes his conclusions as follows:

1. It requires a more rapid rate of vibration to produce a closure of the glottis in cats than in dogs.

2. In cats the rate of stimulation necessary to effect a closure must be from 70 to 80 a second; in dogs from 30 to 40.

3. Rates slower than 70 a second produce in cats an opening of the glottis; in dogs, rates slower than 30 produce opening.

4. The intensity of the current influences the effect of varying rates of stimulation.

5. Weak currents with slow rates produce opening.

6. By increasing the rates, the intensity remaining the same, closing results.

7. By increasing the intensity, the rate remaining the same, closing results.

8. Closing is produced more readily by increasing the rate than by increasing the intensity.

PREVENTION OF PLEURO-PNEUMONIA.—Professor Hamilton, at the opening of his practical pathology class in the University of Aberdeen, took for the subject of his introductory address the question of pleuro-pneumonia. He said this disease or poison, judging from their knowledge of other infectious diseases, might be supposed to be of the nature of a vegetable micro-organism, whose natural habitat was in the system of the cow; but here, as in the majority of other cattle diseases, little care had been expended in the search for results. Compulsory slaughter was the most bland confession of ignorance and helplessness, and savored more of the work of a nation of savages than of rational and

enlightened individuals. There were several practical points about which more information was required, such as the exact period of incubation, and what circumstances influence it, as well as how long an animal remains dangerous as a source of infection; and, lastly, what was the value of inoculation as a preventive, a matter regarding which they were working entirely in the dark. To obtain information on these important points Prof. Hamilton urged that it was absolutely necessary to have a small cattle hospital, with a laboratory and all necessary appliances attached, and into which animals could be brought for the purpose of observation.—*Brit. Med. Jour.*

ELECTRICITY IN GRAVES'S DISEASE.—Dr. H. Pelzer reports (*Therap. Monats.*, ii, 10) a case of Graves's disease in which the symptoms all disappeared under the use of electricity. The patient was a widow, aged 42, who had suffered from palpitation for about a year. Exophthalmos existed to a slight degree when she came under observation, in October, 1887. She grew worse under treatment by iron, digitalis, ergot, and cold to the præcordia. In December all drugs were stopped, and the constant current was administered daily for ten minutes, one pole being applied above the suprasternal notch, the other over the præcordia; after six weeks this was alternated with a current passed through from the spine. Improvement began five weeks after the commencement of the electrical treatment, and in six months the patient was perfectly well.—*Brit. Med. Journal*.

PROGRAMME OF THE TWELFTH ANNUAL MEETING OF THE AMERICAN ACADEMY OF MEDICINE, HELD IN NEW YORK, NOVEMBER 13-14.—"The Causes and Prevention of the Opium Habit and other Allied Affections." By James C. Wilson, A. M., M. D., Philadelphia, Pa.

"The Influence of the Work of the Illinois Medical Practice Act upon Medical Education." By H. A. Johnson, A. M., M. D., Chicago, Illinois.

"The Importance of Practical Obstetrics in the Course of Instruction given

by Medical Schools." By Theophilus Parvin, A. M., M. D., Philadelphia, Pa.

Address by the President, Frederick Henry Gerrish, A. M., M. D., Portland, Maine.

"A Few Words Concerning the Academy." By R. Lowry Sibbet, A. M., M. D., Carlisle, Pa.

"Toleration and Intolerance in Medicine; Codes of Ethics; What Code Should the Academy Adopt." By Henry I. Bowditch, A. M., M. D., Boston, Mass.

"The Relations Between the Consultant or Specialist and the General Practitioner." By L. Duncan Bulkley, A. M., M. D., New York.

"The Evils of a Medical Dialect Separated Widely from Classical English." By Edmund Andrews, A. M., M. D., Chicago, Ill.

"The Multiplication of Useless Drugs." By C. C. Bombaugh, A. M., M. D., Baltimore, Md.

"The Necessity for Post-Graduate Instruction in the Present State of American Medical Education." By Charles C. Lee, M. D., New York, N. Y.

"Which is the Liberal School?" By Charles McIntire, Jr., A. M., M. D., Philadelphia, Pa.

"The Treatment of Uterine Diseases by other than Surgical Means." By W. F. Waugh, A. M., M. D., Philadelphia, Pa.

"The Famous Historic Masters of the Healing Art were Men of Classical Education." By George J. Fisher, A. M., M. D., Sing Sing, New York.

**THE USE AND ABUSE OF MILK.**—It was Fothergill, we think, who first called attention to the abuse of milk as an article of food, or rather we should say, to using it as a beverage instead of as a food. The truth of his views on this subject have lately been forcibly demonstrated to us in the persons of several cases of acute rheumatism. They had all been large drinkers of milk and their temperatures were over 103, and the pain was excessively severe when they came under treatment. By putting them on a diet of thin water gruel, suitably flavored, and a mixture containing ten grains of salicylate of soda, to be taken in half a

tumbler of weak lemonade every two hours until relieved, in every case the symptoms had almost disappeared within thirty-six hours; and the urine which had been dark and loaded at the same time became clear. It seems to us that in rheumatic cases the blood is in a condition of saturation with water, coming from the defective combustion of nitrogenous food which ought to, but does not, reach the ultimate stage of urea, and it only requires a local slowing of the circulation, or a temporary cooling of an extremity, in order to have a deposit of the sharp pointed crystals in the joints, ligaments or muscles, which causes such excruciating pain. It is a fact proved by experiment that certain articles of diet increase the excretion of uric acid; these are milk, cheese, meat and beer, the latter acting probably by preventing other food from being burned, as it burns much easier than they. Some great medical authority of the old school once said that the best cure for rheumatic fever was six weeks in bed, and as the patient was generally put on an exclusively milk diet, that may perhaps have been the explanation.

The idea is general among people that the more milk they could drink the better for their health; and so they drink two or three tumblersful of milk as though it were water. The moral of all this is that though milk is one of the best and most nutritious of foods, being indeed the only perfect food, it is the worst possible beverage, being already saturated, and therefore being utterly useless for the purpose of washing out effete matter from the blood.—*Canada Med. Record.*

**GOING TO SLEEP IN CHURCH.**—To fall asleep during Divine service in the house of God is considered by most persons as not only a breach of etiquette, but a proof of great lack of spiritual fervor and want of faith. To snore in church might even give rise to a public scandal. Certainly, the preacher would look upon the drowsiness of his congregation as an obvious reflection on his oratorical powers and on his ability to rivet their attention. Indeed, a story is told of a celebrated, but somewhat eccentric, divine in Scot-



land becoming so annoyed at the persistent sleepiness of one of his parishioners, seated just under the pulpit, that he lost his temper and threw down upon the offender's head a heavy Bible, with the remark: "If ye will na hear the Word, a'll mak' yer feel it." And yet neither the minister nor people are to blame for this sign of weakness. In many cases the poor sinner is merely succumbing to the first stage of asphyxia, which it is useless for him to try to resist beyond a certain point. When he snores he is becoming narcotized by carbonic acid gas. Our English contemporary, the *Medical Press*, calls attention editorially to the defective ventilation of many churches, especially of those in which several services are held on the same day, without any opportunity being afforded to renew the air. When we consider that every adult human being requires 3,000 cubic feet of air per hour, we need hardly ask the question whether the average congregation usually gets that amount.

And yet it could be easily enough obtained. It is only a matter of a little expense, and that might be provided for by setting aside one or two collections every year for the purpose of forming a Fresh Air Fund.—*Canda Med. Record*.

**FOR COUGH.**—In certain cases of cough in which the paroxysms are frequent and expectoration difficult, the hydrochlorate of apomorphine is highly spoken of by Stocquart. Very minute doses are generally sufficient, only three or four milligrammes being given during the whole day. It is generally accepted, and cases of intolerance are very rare. When they do occur, they consist chiefly of colicky pains, nausea, and diarrhoea. As the solution of hydrochlorate of apomorphine is an unstable compound, he advises the addition of a few drops of chlorhydric acid, which will insure its preservation and not affect its therapeutical value.—*Journal de Médecine*, September, 1888.—*Medical News*.

**SPONTANEOUS BACTERIOTHERAPY.**—The occasional cure of a local affection by an attack of erysipelas is a matter of common observation, and the occurrence is

not necessarily to be explained as the triumph of one micro-organism over another. In a recent number of the "Giornale Internazionale delle Scienze Mediche," however, Dr. de Biase gives examples in which erysipelas was followed by the subsidence of a systematic disease. He reports three cases of malarial disease that were perfectly cured by an attack of facial erysipelas. Not only did the febrile paroxysms cease, but the phenomena of chronic malarial poisoning disappeared rapidly "after the erysipelas cocci had got the better of the malarial micro-organism."—*N. Y. Med. Jour.*

#### WASHINGTON NEWS AND COMMENT.

It is not unlikely that some effort will be made to secure a re-organization of the Board of Directors of the Garfield Memorial Hospital, for of late many things have occurred, for which the present Board is entirely responsible, that cannot be pleasing to those by whose efforts the institution was founded, and who have control more or less over the Congressional purse strings upon which it is dependent. It will probably be their wish to know why a reputable physician was summarily dismissed from the Attending Staff to make place for a surgeon of one of the divisions of the Canadian Pacific Railroad, who is an Irishman by birth and not a naturalized American citizen; why the nurses hitherto employed were ejected and Canadians substituted; why a resignation was virtually forced from the gentleman who had served the hospital faithfully as Assistant Resident Physician; why the applicants for the position of Resident Physician, who were graduates of local colleges, were passed over with so little consideration, and a Canadian, about whom the Board practically knew nothing and had never seen, was chosen to fill this post; and finally, why this should happen in the Garfield Hospital of all Hospitals—an institution founded by the gifts of the people, and supported, not by any one set of individuals, but by the people through their representatives in congress; an institution therefore of a

distinctly National character, whose existence was to be a living reminder of a typical American—the ill-fated Garfield.

In view of the present relation in public affairs existing between the United States and Canada these incidents appear unique and laughable. But to all these members of the medical profession who have been or are connected with hospitals they are of deeper import. In the present instance all may go well, and every one be ultimately satisfied but those who feel that personally they have been unjustly dealt with. Nevertheless, the question naturally arises whether it is not absolutely necessary to have medical representation in a Board of Hospital management, and whether without it the natural tendency is not toward the retardation of the progress of medical science, and the crippling if not absolute collapse (so far as medical effectiveness goes) of such institutions as the one in question. Can lawyers, business men, or what not, know or even be taught to manage, without the counsel of physicians, an institution which is immersed in such an atmosphere of technical detail as a public Hospital? Any one of these gentlemen would be very much non-plussed if a Board of Physicians was placed in charge of his cases in court or his purchases and sales; but it seems very matter of fact to him when he is placed in charge of the physician and his hospital with its complicated system of drains, ventilation, and heating; with its drug room, operating rooms, wards, instruments, dressings, bed pans, and the like. He displaces one physician and appoints another; he tears down here and builds up there, and altogether enjoys himself, while a church, a city, or an appropriation committee looks after the bills, and the physician is depressed or elated as the case may be.

Dr. Wm. T. Gill has been appointed Resident Physician, and Dr. Frederick Sohon Assistant Resident Physician in the Central Dispensary and Emergency Hospital. Mr. F. D. Merchant has retired from the position of Clinical Assistant, as he intends concluding his medical studies in New York City. Dr. E.

Carroll Morgan, who since 1872 has been connected with this Institution, and for the greater part of the time has labored faithfully as Director of the Department for Diseases of the Throat and Chest, was obliged some time since to submit his resignation to his colleagues, who with reluctance accepted it. Dr. T. Morris Murray was chosen to fill the position made vacant by his retirement, and on Friday, November 16th, Dr. Morgan will be placed upon the consulting staff, a vacancy having existed therein since the death of Dr. A. Y. P. Garnett.

Lectures will begin at the Washington Training School for Nurses on November 6th. It is probable that from 30 to 35 nurses will take part in the course of instruction. Two lectures will be given each week during the Winter Session, and it is not unlikely that the meetings for didactic instruction will be held in the rooms of the Nurses' Directory. Dr. A. F. A. King who for some time past has lectured upon Obstetric Nursing, has resigned from the corps of teachers. During the present session Dr. G. N. Acker will lecture upon Physiology; Dr. G. Wythe Cook upon Hygiene and Medicine; Dr. George Byrd Harrison upon the Nursing of Children; Dr. M. F. Cuthbert upon Medical Hospital Nursing; Dr. T. E. McArdle upon Surgical Nursing; Dr. H. L. E. Johnson upon Obstetric Nursing; and Dr. S. S. Adams upon Anatomy.

The Post-Graduate school of Ophthalmology, which has been successfully conducted by Dr. Swan M. Burnett for the past eight years, has recently begun its Winter Session. Apart from didactic instruction, clinics are held on Tuesdays and Fridays at the Central Dispensary, where there is always an embarrassing richness of material; and at Garfield Hospital Dr. Burnett operates on days which are previously announced to the class.

The next meeting of the Obstetrical and Gynecological Society, of Washington, will be held on the evening of Friday, November 16th, with Dr. George Byrd Harrison as the essayist,



## Medical Items.

There are six female physicians in Italy.

The pope has just decreed that cremation is forbidden by the church.

The New York Medical Journal seems inclined to endorse the habit of chewing gum.

M. Succi began another thirty day's fast, at Barcelona, on September 22nd.

Dr. William Welsh of Annapolis was elected physician to the House of Correction in the place of Dr. White deceased.

The Normans introduced the practice of tight-lacing early in the twelfth century, and the custom has continued ever since.

Prof. George H. Rohé will attend the Sixteenth Annual Meeting of the American Public Health Association to be held at Milwaukee, Wis., November 20, 21, 22, 23, 1888.

Dr. Felix Simon says (*Brit. Med. Jour.*): No specialty can lastingly flourish which aims at independence, at too complete a separation from the general profession.

Dr. Thomas H. Buckler, Jr., has taken the office corner of Charles and Centre streets, formerly occupied by his father Dr. Riffin Buckler and his grandfather Dr. John Buckler.

The temporo-maxillary articulations are especially liable to be affected in Gonorrhœal Rheumatism, a fact pointed out by Dr. J. B. Webb, as of diagnostic value.

The *Maritime Medical News* is the name of a new medical bi-monthly issued at Halifax, N. S., for circulation at Halifax, N. S., St. John, N. B., Charlottetown, P. E. I., and vicinity.

Dr. E. H. Rutledge the well-known coroner of the eastern district, died suddenly at his house 403 N. Broadway at 7 o'clock last Wednesday. Dr. J. Brooke Boyle will probably be his successor.

The total number of yellow fever cases at Jacksonville, Fla., to October 10th, was three thousand three hundred and nineteen; the deaths being two hundred and ninety-nine.

The committee of arrangements announces that the opening day of the fortieth annual meeting of the American Medical Association to be held at Newport, R. I., has been postponed to Tuesday, June 25th, 1889.

Five Medical Congresses will meet in Paris next year. They are: 1, The Congress of Dermatology and Syphilography; 2, of Hydrology and Climatology; 3, of Hygiene; 4, of Physiology; and, 5, of Therapeutics.

In a London Hospital, a woman aged 68 yrs. with scirrhus cancer of both breasts had them both removed simultaneously by two surgeons one on each side of the table. The whole operation lasted forty-five minutes and after a short time she was discharged well.

It is announced that the Paris Academy of Medicine has accepted the offer made by Dr. Gamaleia, of Odessa, to submit himself to experimentation in order to test the efficacy of his method of inoculation for cholera. We trust that his confidence in his remedy will be fully justified by the result.

Congress at its late session resolved that all animals affected with tuberculosis should be condemned as unfit for food. This is sound sense, but we should have thought still better of Congress if it had made such arrangements that, at least in the great meat-markets of the country, this doctrine was practically executed.

A correspondent from Omaha asks if we see any reasons for changing the opinions often expressed regarding the use of ether as against chloroform. The facts, we would say, still remain strongly in favor of ether, and the tendency is toward its still wider use in Great Britain. There is some evidence of a reaction in favor of chloroform in this country.—*Medical Record*.

At the annual meeting of the Gynecological Society of Chicago, held at the Richelieu Hotel on October 19th, the retiring President, Dr. Henry T. Byford, delivered his Annual Address, and the following officers were elected: President, Dr. Charles T. Parkes; First Vice-President, Dr. Edmund J. Doering; Second Vice-President, Dr. E. C. Dudley; Editor, Dr. W. W. Jaggard; Secretary, Dr. Edward Warren Sawyer; Treasurer, Dr. Frank E. Waxham.

Dr. Thomas Opie was, at the meeting held October 9th, 1888, elected President of the Maryland Obstetrical and Gynecological Society for the ensuing year. This is a fitting recognition of the ability of one of the most accomplished obstetricians in the Monumental City, and we feel confident that the continued prosperity of this useful Society is assured under President Opie's administration.—*Buffalo Medical and Surgical Journal*.

Messrs. Longmans of London, announce the publication this month of a new novel, by Dr. B. W. Richardson. The work, which is of a classical and historical character, is based on those events of the second century in which the Jews, long oppressed by the Roman yoke, tried to regain their liberty and their country under the leadership of a fighting Messiah called by them Bar-Cochbas, "The Son of a Star," from which the novel takes its name.

A special meeting of the Maryland State Board of Dental Examiners was held on Wednesday afternoon, at which were present: Drs. E. P. Keech, president; T. S. Waters; Richard Grady, of Baltimore; Edward Nelson, of Frederick, and S. M. Field, secretary. The principal object of the meeting was to institute proceedings to enforce the law in cases of dentists practising without having obtained the certificate of the board.

Original Articles.

LEUCOCYTHÆMIA WITH REPORT OF A CASE.\*

BY H. E. KNIPP, M.D., OF BALTIMORE.

Chief of Clinic Dermatological Department of the University of Maryland.

*Report of Case.*—Hester McG., colored, aged about 45 years, has had twelve children, no miscarriages, seven children died during infancy from acute diseases. Patient's mother died suddenly, her father from old age. She was always healthy, hearty, and rather stout until the spring of 1886, except an attack of malaria when she was very young. In the spring of 1886 she had another attack of malaria which lasted four weeks; she had a chill every day. She then commenced to lose flesh and found that her abdomen was beginning to swell, especially on the left side; she had continuous sharp pains on this side which were made worse by rubbing with stimulating liniments. When the enlargement was first noticed, little attention was paid to it, as it was thought to be dropsy.

The next autumn she had another attack of "chills and fever" which lasted for about three weeks, when a doctor was called in and under proper treatment she became better in a week. Whenever she had a chill the pain in the side was increased but she did not notice whether or not the tumor became larger during the paroxysm. The tumor has been getting larger ever since it was first noticed. During the summer of 1887 she had dropsy of the lower extremities and was treated at the University Dispensary by Dr. F. M. Latham. About this time she was examined by Prof. I. E. Atkinson, and the tumor, which was of considerable size, was diagnosed as enlarged spleen, probably of malarial origin. She was accordingly treated by the internal administration of cinchonidia sulphate and the local application of bin-iodide of mercury ointment. The patient continued to get worse but she thought that

the ointment relieved her of some of the pain and discomfort in the side.

Some time during the latter part of August I was sent for, and with Dr. Latham's permission I continued to attend the case. She then had œdema of the lower extremities from the upper part of the thighs down to the toes. She also complained of severe headache and became very giddy when she attempted to stand on her feet. She can not get in and out of bed without assistance. For a month or more past she has had loose bowels, the stools consist of small masses of hardened mucus, sometimes there is pain when she goes to stool.

*Measurement of Abdomen.*—October 31, 1887. In the umbilical line 41 inches; 4 inches above and 4 inches below umbilicus 41 inches; from top of sternum to pubes 23½ inches; from top of sternum to the vermiform appendix or commencement of the swelling 7 inches; from top of sternum to umbilicus 15 inches. Dullness begins on the left side in the axillary line at the ninth rib, and in the nipple line at the seventh rib, and extends into the pelvic cavity. On the anterior surface the contour of the spleen can be plainly felt. In the right side dullness commences in the axillary line opposite the nipple and in the nipple line at fourth rib and extends 5 inches below in the nipple line.

The bowels were somewhat distended with gas. She feels worse in the morning and evening than during the middle part of the day; her face sometimes becomes puffed up, especially in the morning. Respiration 36 and pulse 110 per minute, temperature 99°F. November 14, she thinks she feels a little better, temperature normal, pulse 100. Made injection of 2½ m. solution arsenious acid into substance of spleen. November 15 patient had pain in side from injection, but there are no evidences of an abscess forming. I did not give hypodermic of arsenic again as patient did not want to have it done. The lymphatic glands of the groin are slightly enlarged, those on the right side more than those on the left; there are one or two enlarged glands in each axilla, enlargements in the lower part of abdomen, of lymphatic vessels of the skin.

\*Read before the Clinical Society of Maryland, October 19, 1888.



There was bleeding from the nose to-day and patient lost about two or three teaspoonsful of blood, the epistaxis was preceeded by an attack of sneezing. December 3, bled a little from the nose. December 6, was able to walk about the distance of a square in the middle of the day. December 13 she took another walk. There are sharp shooting pains in left side, sometimes in right side also. At present there is no œdema of the lower extremities; appetite is capricious. December 20, patient is at a standstill, she does not appear to be getting any worse, though she is not getting any better. She stays down stairs during the day and occasionally goes into the sunshine. She refuses to take any medicine. January 10, 1888, she complains of feeling tired and continues to have pain in side. January 18, is feeling somewhat better, the abdomen is not as large as before. The growth still extends into the pelvis, and pushes various organs aside, it appears to be getting firmer.

She now continued to improve and became so much better that she took short walks in the open air frequently; one day she walked the distance of a mile. During the month of March her nose bled several times, but she lost very little blood each time. She now began to feel indisposed. About the third or fourth week in April her bowels became loose, and this made her so weak that she had to go to bed May 3. May 7, the patient is so weak that she can not rise from her bed, even to go to stool. Character of stools, muco-purulent mixed with fecal matter, passed very frequently. On examination the spleen appeared to be smaller but the abdomen was distended by dropsical fluid. I ordered patient to take stimulants and gave 15 grains bismuth sub nitrate and  $\frac{1}{4}$  grains sulphate of morphia every four hours. Bowels were slightly checked. May 31, for a few days past patient's right forearm and hand have been œdematous owing to the position in which they have been held. About 4 o'clock yesterday afternoon her nose began to bleed and bled continuously in a small stream until about fifteen minutes before she died, which was at 3 o'clock this morning.

Whenever she would cough the blood would come from her mouth in clots. She remained conscious up to the last.

To render the diagnosis positive, Dr. Councilman, in the latter part of the summer of 1887, put a drop of her blood under the microscope and found that there was nearly an equal number of white and red cells. This was conclusive.

June 1, 1888, I held a post-mortem and removed from the abdomen over half a gallon of serous fluid and left a large amount still in the cavity. The spleen was very much enlarged but not as large as when first made examination. It was very firm on pressure; weighed 56 ounces. Liver was also enlarged.

The mesenteric glands were only slightly enlarged. There was an extremely small amount of fat about the body. In the year 1845 Virchow correctly explained this disease. He discovered the white cells and correctly called them white blood corpuscles. The name he gave to this disease was Leukæmia or white blood.\* Dr. Craigie reports in the *Edinburg Medical and Surgical Journal*, vol. 64, 1845, the removal of a spleen weighing 7 pounds 3½ ounces from a case; he also described the symptoms. His diagnosis was puriform absorption from the spleen. In conjunction with Dr. Craigie, Dr. Bennett reported a case which occurred a few years after the death of Dr. Craigie's case. He says "the immediate cause of death was owing to the presence of purulent matter in the blood, notwithstanding the absence of any recent inflammation, or collection of pus in the tissues." He noticed the great numbers of white cells in the blood but persisted in calling them pus corpuscles. In calling attention to whether or not they were colorless corpuscles he says: "With regard to the colorless corpuscles of the blood, we know of no instance where they existed or presented the appearance described." In another place we find, "There can be little doubt that they were pure pus globules."† Afterwards Bennett gathered a series of cases and in 1851 gave the name leucocy-

\*Ziesssen's Cyclopædia, page 514 (Mosler) Vol. VIII.

†Edinburg Medical and Surgical Journal, 1845, Vol. 64, Pp. 413-423.

thæmia, or white cell blood to the disease. §

The symptoms of this disease had been described in the early part of the present century by several pathologists. But they failed to discover the great abnormal disproportion between the white and red cells although they discovered the gross appearance of the spleen and lymphatic glands, and gave correct histories of the cases. In July, 1869, E. Neumann, for the first time, pointed out the connection of leucocythæmia with the marrow of long bones.

*Cause.*—Up to the present time the cause of leucocythæmia has not been absolutely ascertained. Some have said that it is due to menstrual irregularities; others to the cachexia of syphilis and chronic malarial poisoning; but as far as I have been able to ascertain, no satisfactory data have as yet been published. Mosler reports sixteen out of twenty-one cases occurring in women in whom some uterine disease had existed. These cases, as well as those occurring during malarial cachexia, or syphilis, were more probably cases of accidental association, rather than causal.

Dr. Keating\* reported a case which was thoroughly developed two years after an attack of measles. Dr. Stair† reported a case of lymphatic leucocythæmia, which appeared while the patient was apparently in the enjoyment of perfect health. It attacks both sexes, by preference the male sex, and has been found in patients ranging in age from eight months, as reported by Osler,‡ to fifty or sixty years of life. It is generally found in persons of middle life. It has been found under all conditions of life; but the poorer classes seem to be more liable to the disease than those in better circumstances; or, in other words, those who have had their vitality lowered from one cause or another, have been found to be the ones who have been most frequently affected.

Leucocythemia is somewhat analogous to scrofula, cancer, tubercle, and those diseases which, beginning at a single point or focus, spread in every direction until they involve the whole system. In this disease, I think that we will find, provided we make careful examination early enough, that the spleen is the organ primarily attacked, and that the disease then attacks the lymphatics and the marrow of long bones. You will notice that the organs affected in this disease are those that are supposed to produce the cellular elements of the blood.

*Pathology.*—The spleen is the organ most markedly affected. It is enlarged, sometimes uniformly, and sometimes in one or another portion, it becomes firmer and denser, the color is changed to a bluish red, the pulp becomes hypertrophied, although the normal relations of the parts are preserved.

The trabeculæ and pulp are sometimes coated with a yellowish fibrinous exudation; white granules may be seen disseminated throughout the organ, and near the surface patches of indurated tissue due to hemorrhagic infarctions. The trabeculæ may be observed by the overgrown pulp, or may be more distinct. The Malpighian bodies are less consistent than normal, though they may be increased in number and very distinct. In some cases is found inflammation of the capsule of the spleen, with extravasation of blood on the surface.\*.

In the lymphatic system we find important changes taking place. The morbid processes begin by hyperæmia, followed by hyperplasia, of the constituent parts, the cellular elements first, then the stroma and vessels. The lymphatic glands are enlarged according to the amount of new material deposited, and present the following gross appearance: They are smooth, rather glistening, soft, non-elastic, and sometimes fluctuating. All the lymphatic glands of the body may be affected, or the disease may be limited to a few. Similar changes may take place in the glands of the alimentary canal, beginning with the follicles

§Ziemssen's Cyclopædia Vol. VIII.

\*Journal American Medical Association, vol. v, page 609.

†Journal American Medical Association, vol. iv, page 586.

‡Journal American Medical Association, vol. v, page 609.

\*The Lancet, June 9, 1888. Page 1130.



of the tongue and proceeding downwards affecting the tonsils, the follicles of the stomach and the glands of Peyer. In several cases\* reported the change in the lymphatics was the first thing to attract attention. The change in the marrow of long bones, and in the cancellated tissue of the ribs and sternum, begins with hyperæmia and is followed by softening. The vascular network, with its delicate connective tissue, disappears, leaving only the larger arterial branches, thus causing the normal reddish hue to be displaced by a yellowish or greenish yellow color. The liver in a great number of cases is enlarged and firmer. There is development of new lymphadenoid tissue. At first there is a proliferation of lymph cells, then infiltration of lymph new formations, which are connected in nodules like tubercle, and dispossess the hepatic cells, and cause them to atrophy and disappear, leaving only spots of pigment to remain (Rindfleisch).

The skin may be jaundiced, caused by the pressure of the enlarged spleen on the bile ducts or by the pressure of the nodules of lymph formations preventing the bile from getting into the various minute biliary tubes. The next most constant lesion of the skin is a purpuric eruption caused by minute extravasations of blood in the skin.\* This extravasation of blood has been observed to be subcutaneous† also. As much as 24 ounces of effused blood was found under the serratus magnus muscle in a case occurring in Guy's Hospital.‡ In a few cases of this disease the skin is the seat of lymphomata. The infiltration begins in vessels surrounding the sweat glands. The cutis may be the seat of the development of secondary lymphoma; the fat glands lying immediately beneath the cutis are the chief seats of this disease in the skin. Hochsinger and Schiff§ publish a case in which a child 8 months old, badly nourished, and with great pallor of the

skin and mucous membrane, had over the whole body, especially the head and face, numerous nodular, flattened, rounded seats of infiltration, varying in size from that of a pin's head to a hazel nut. They were movable with the skin over the subcutaneous connective tissue, firm, of yellowish red color, and not tender. Some were depressed in the center; there was found slight desquamation over some of them. There were other signs which confirmed the diagnosis of leucocythæmia. Dr. Byrom Bramwell reports in the "British Medical Journal," a typical case of leucocythæmia in which the vessels of the nerve centers presented remarkable varicosities. He thinks he also observed micrococci in the substance of the superior cervical ganglion.\* In this connection we will mention that colorless or pale yellow clots have been found in vessels of the meninges, according to Ehrlich, 5 times in 100 cases.† The choroid is sometimes colored orange yellow, either all over or in spots. The retinal veins are pale, often tortuous; retinal hemorrhages are sometimes found.‡

We must next study the most important lesion, because it is the most constant and is the one above all others which serves to make the diagnosis certain; it is the changes which the blood undergoes in this disease.

The white cells are increased in number so much so as to cause the blood to have a somewhat milky appearance. The proportion of white to red corpuscles may vary from one to ten to one to two, the white may equal the red in number, in fact the white cells sometimes preponderate. According to Renant the white corpuscles may differ from the normal in being larger; they contain one or several nuclei in splenic leucocythæmia; sometimes the cells are smaller and contain one large nucleus, occasionally transitional forms between the white and red cells are seen. According to Mosler the red cells are diminished both relatively and in numbers, therefore the

\*Dr. James Stuart's case, reported in Med. News, Jan. 1887. Page 2. In J. B. Starr's case, reported in Jour. Am. Med. Asso. Vol. IV. Page 85.

\*Dr. J. M. Keating's paper reported in Jour. Am. Med. Asso., Vol. VII, P. 609, 1885.

†The Lancet, June 9, 1888. Page 1130.

‡Dr. Musser's case reported in Jour. Am. Med. Asso. Vol. IX, P. 655.

§Jour. Am. Med. Asso., Jan. 1888, page 112, reprint from London Med. Record, Dec. 15, 1887.

\*Reprint in the Medical Record for July, 1886. P. 15.

†Ziemssen's cyclopædia, Vol. VIII, page 514.

‡Dr. G. E. De Schweinitz in the Jour. Am. Med. Asso., Vol. IX, page 665.

amount of iron in the system is diminished. There is increase of water and fibrin. The following ingredients are present: Formic, lactic, acetic and uric acids, hypoxanthin, leucin and tyrosin. Of these hypoxanthin, lactic and formic acids only are constantly present. The blood is alkaline in reaction and not acid. Dr. Prus,\* a Polish observer, after studying five cases of leukæmia, states that crystals of leucin are only found in the form of leukæmia that is accompanied with swelling of the glands. The crystals of Charcot and Neumann are seldom found. The movements of the white corpuscles are greatly increased; some observers deny this and say that the movements of the white cells are diminished.

The specific gravity of the blood is reduced from normal which varies from 1045 to 1075 (Martin), to 1040 or 1035 (Wagner). The gross amount of the blood is not lessened. This affection does not simply consist in the increased formation of white corpuscles, but also in checked formation of them into red corpuscles.†

*Symptoms.*—In its approach this disease is very insidious, and the early symptoms are not noticed unless special attention has been called to them by previous illness such as syphilis, malaria, &c., and even then some of the symptoms of leucocythæmia are ascribed to the other disease. There is first general malaise and indisposition to work of any kind. The mental functions are performed more sluggishly, all physical exertions are performed with great effort, there is pain in the head, vertigo, tinnitus aurium, palpitation of the heart and various digestive disturbances. Anæmia begins to be developed from the first and progresses to the termination of the disease. During the progress of the disease there may be remissions in which the patient appears to get very much better, especially in regard to subjective symptoms. This is well illustrated in the case before us to-night. After each remission the patient gets worse, so that

the constant tendency is downward. As the case progresses the anæmia increases, the subjective symptoms are still present and somewhat aggravated. There is less and less inclination, for mental and physical exertion, especially the latter, and the patient is forced to take to his bed. There are depressions of spirits so that even the most jolly people become morose and gloomy.

One of the symptoms that gives rise to a great degree of discomfort and apprehension is the great and increasing dyspnœa on even the slightest exertion. This is due to the great diminution of red cells; the amount of oxygen which these cells are enabled to carry to the tissues is just enough for their use while at rest, and not quite enough for them when put to work.

Late on in the course of this disease the vision may become obscure and amblyopic. There are now and then attacks of profuse perspiration. Fever is, generally, not a marked symptom, though there is some slight elevation of temperature in the evening. Sometimes, and especially in the more acute attacks the thermometer may register as high as 104°F.\*

The digestive disturbances are very distressing, the patient having very little appetite and what food that is taken may give rise to nausea, and vomiting or diarrhœa. At other times the patient becomes ravenously hungry.

We now come to study the physical signs. The spleen enlarges and becomes prominent, it is not painful to pressure except in well defined areas. There is a little pain caused by the increasing size of the organ dragging and pressing upon the other contents of the abdomen. The lymphatic glands also enlarge, and some of them may be tender and painful. The liver generally enlarges. Jaundice is now set up, chiefly caused by pressure on the bile ducts and also, no doubt, influenced by the vitiated condition of the blood. Ascites is caused by pressure on the veins and the hydræmic condition of the blood. As the disease

\*The Lancet, Feb. 1887. Page 286.

†Wagner "Manual of General Pathology." P. 545.

\*Dr. J. M. Keatings's paper read before the Philadelphia Obstetrical Society, Nov. 5, 1885.



advances there is dropsical effusion in all dependant parts of the body. An anæmic murmur is heard at the base of the heart. Hemorrhages may also take place from various parts of the body. The slightest wounds may bleed enormously, on account of the slowness with which the blood coagulates.

If a finger or some other part of the body is pricked with a needle so as to permit a few drops of blood to come out, it will be noticed not to have the bright red appearance of healthy blood, but is slightly milky in appearance. If this blood be placed on a white linen handkerchief, beside a drop of normal blood, one can very readily see that the stain caused by the leukæmia blood is not as red as that produced by healthy blood.\* Placed under the microscope the white corpuscles will be seen to be greatly increased above the normal. The relative proportion may accurately be ascertained by counting with the aid of Gôrœr's hæmacytometer. To constitute leucocythæmia the white cells must be greatly increased above the normal, but I cannot fix any arbitrary numbers.

The enlargements of the glands of the tongue and tonsils give rise to difficulty of mastication and deglutition. The gums sometimes becomes tender and spongy. Constipation in the early stages may be present, but diarrhœa subsequently comes on and is very difficult to check. The passages are largely composed of hardened masses of mucus. There may be mucous discharges from the nose. Dr. Cornil relates the case of a patient who had discharge of a thick transparent glairy fluid from the nose, running constantly, due in all probability to leukæmic infiltration.

*Diagnosis.*—In the early stages of this disease it is very difficult to make a correct diagnosis. The early symptoms of ordinary anæmia and chlorosis very closely resemble this disease. Even after the spleen and lymphatic glands have become enlarged, and there are hemorrhages from the various mucous surfaces, the disease may not be leucocythæmia. Especially is this the case where

the spleen of a scrofulous person is enlarged from chronic malarial poisoning. When the anæmia is persistent, even under the continued use of appropriate treatment, breath lessens on slight exertion, the various nervous symptoms characteristic of this malady, hemorrhages from various mucous surfaces, and the lymphatic glands and spleen enlarged, then we have just cause for grave suspicions, but we cannot be positive of the disease. The most important means for diagnosis in this disease is a drop of blood from the patient's body, taken a short time before a meal; the diagnosis then is made without difficulty. It is quite possible for the disease to become fully developed before there are any suspicions of its true nature, the symptoms being ascribed to any number of other diseases.

*Course, Duration and Termination.*—This disease commences so insidiously that the date and cause of its origin can not often be determined. The pain and discomfort in the splenic region comes on very gradually. After the spleen has attained a certain size the abdomen becomes prominent; then the lymphatic glands become enlarged. The pallor of the skin is very apparent. The patient rapidly loses flesh. The amount and frequency of the hemorrhages has quite an important bearing on the progress and duration of the case. If the hemorrhages are very profuse, the patient may die in a very short time from the constant drain; if they are not numerous and in small amount the patient may linger for years, gradually getting weaker and weaker and at last die from exhaustion. The profuse diarrhœa also will cause rapid decline of the patient's vitality. One must also take into account the quality and quantity of the food taken and appropriated by the patient. Some intercurrent malady may attack the patient and cause death, or at any rate hasten the termination of the patient's life. These intercurrent maladies may be inflammation of the various serous membranes, pneumonia, etc.

Dr. Keating\* reports a case which

\* Sir Wm. Gull's paper in "Transactions of London Pathological Society," Vol. XXIX, 1878, p. 383.

\* Paper read before the Philadelphia Obstetrical Society, Nov. 5, 1885.

first commenced as an abscess around the eye in August, 1884, and died the latter part of the following September, the symptoms of leucocythæmia were well marked. Dr. Stair† reported the case of a German, aged 20, apparently in the enjoyment of perfect health, save a swelling in his neck. He died from hemorrhage from acute lymphatic leucocythæmia; patient first consulted him November 18, 1884, died January 12, 1885. Dr. I. C. Cameron, of Montreal, reported a case to the "International Medical Congress" at Washington, in which pregnancy recurred successively during the progress of the disease. It showed a marked hereditary tendency, the parents of the patient and her six children all being leukæmic. This disease is nearly always fatal. Mosler reports the cure of a case in a boy 10 years old. He was treated by large doses of quinine. Ehrlich also reports a case in the commencing stage cured by large doses of iron and quinine.‡ Death takes place on an average at the end of from eighteen months to two years from the beginning of the symptoms.

*Treatment.*—Prophylactic treatment is the most important in all forms of splenic enlargement. As malaria is the chief cause of splenic enlargements, measures must be adopted to render the hygienic surroundings more favorable. The early use of quinine, or some one of the other cinchona salts, in large doses, is indicated. In those cases where there is a syphilitic taint the use of the salts of mercury and iodide of potash is indicated. In those cases where the splenic enlargement seems to have been caused by suppression of some discharge from the body, then an effort must be made to reduce the congestion. According to Mosler's experience the power of the cinchona salts to contract the spleen is materially increased by the simultaneous application of cold to the splenic region. In 1786 arsenic attained its reputation in England, through the researches and experiments of Fowler. Although arsenic cannot completely re-

place quinine, yet the two drugs frequently supplement each other. Pepper and piperine sometimes cause a diminution in the size of the spleen, especially in malarial cases. Long continued use of bromide of potash has been said to cause diminution of splenic tumors. The oil of eucalyptus has been proven by Schlæger to cause contraction of the spleen.\*

Dr. Da Costa† treated a case of splenic leucocythæmia by the injection hypodermically of five to ten grains of ergotin every two or three days, with the result of diminishing the size of the spleen, but the patient did not improve in general health. This case was very far advanced before it was put upon this treatment. He afterwards similarly treated another case with very much more success. Dr. Curtis‡ reports a case in which the spleen became much smaller and the patient seemed to be convalescing, but was taken suddenly worse and died from exhaustion. He attributed the decrease in size of the spleen to a profuse diarrhœa and the administration of cod liver oil. Sticker§ reports a case of leukæmia which was benefited by the use of oxygen inhalations. The patient was in good circumstances and after having had the disease for about two years went into hospital, very pallid, weak and œdematous. In four months he left the hospital very much improved. The improvement lasted but a few weeks, when the symptoms returned in an aggravated form, and the patient died in three months thoroughly exhausted.

As the malaise and various nervous disturbances are caused by the vitiated state of the blood, it is well to give some of the preparations of iron, but it must be remembered that we do not get the exceedingly good results from this drug in this disease, as is obtained from its administration in anæmia. The various digestive troubles are to be treated as they arise by the use of hydrochloric acid, pepsin, bismuth, nux vomica, or

\*See Ziemssen's Cyclopædia, Pp. 416-421, Vol. VIII.

†Am. Jour. Med. Sciences, 1875, Pp. 117-123.

‡Am. Jour. Med. Sciences, 1876, Pp. 405-409.

§Reprint in Medical News Sept. 8, 1888, page 268 from Med. Chronicle, Aug., 1888.

†Jour. Am. Med. Association, Vol. IV, page 586.

‡Ziemssen's Cyclopædia, Vol. VIII, page 530.



strichnia, preparations of arsenic, phosphates, phosphites, etc. Strict attention must be paid to the diet. Fats, sugars and starches should be given very cautiously if administered at all, because of the disablement of the intestinal glandular arrangement. The most nutritious and most easily digested food for them and on which most reliance is to be placed, is fresh meats, milk, eggs and occasionally fish. As the spleen and liver and lymphatic glands enlarge, it is well to employ those drugs that seem to have something of a specific action on these organs. They are quinine, ergot, and iron, and they may be combined in pill form. An ointment made of hyd. iod. rub. grs. xvi to xx to the ounce of lard or other ointment, well rubbed in over the spleen while the direct rays of the sun are shining on the part or next best before a bright fire. This will sometimes cause the spleen to diminish in size.

Sometimes the injection of a solution of arsenic, liq. potass. arsen. gtt iii to v, into the substance of the spleen is followed with good results, but as a general rule the practice is bad and is more apt to cause harm than good. When the spleen has attained enormous size, extirpation has sometimes been performed. This operation generally results in death. Out of 19 cases the only successful result is a case reported by Franzolivi.\* Mosler† says in cases where leucocythæmia is diagnosticated extirpation should not be practised. Death generally takes place a few hours after the operation and is caused by hemorrhage due to imperfect coagulation of the blood.

Where there has been great loss of blood, transfusion has been employed, but with indifferent success. Dr. Czartoryski reports‡ in the *Pacific Medical and Surgical Journal* for June, 1888, the case of a child suffering from the last stages of leucocythæmia. Fresh chicken blood was ordered and on the first day the child took the blood of two chickens and increased afterwards until that of ten chickens was taken daily. The child began to improve and in seven months was apparently perfectly re-

stored. The hemorrhages are to be controlled as much as possible by the use of ergot, the local application of pressure, and mild astringents. The diarrhœa is to be treated by subnitrate of bismuth, opium in some form and astringents. As the case approaches the end, all that can be done is to give opium to relieve the pain and distress; and by various stimulants and good food and attention try to sustain the flagging powers of life.

### BUFFALO LITHIA WATER A SOLVENT FOR URIC ACID CALCULI.

BY E. C. LAIRD, M.D., HAW RIVER, N. C.,  
AND

FRED. S. WHALEY, M.D., RESIDENT PHYSICIAN AT BUFFALO LITHIA SPRINGS, VA.

#### STATEMENT OF DR. LAIRD.

The relief afforded by Buffalo Lithia Water to a patient of mine, Col. H., of this place, a sufferer from renal calculi, is, I think, worthy of some record. The first of May last he came under my care subject to frequent attacks of nephritic colic. Except as to the usual treatment for the relief of present suffering, I put him exclusively upon Buffalo Lithia Water, Spring No. 2, under the influence of which he in a few weeks passed four calculi weighing from two to three grains each, which was followed by a disappearance of symptoms. Notwithstanding, however, the continued use of the water after a short interval there was a return of these attacks with increase both of frequency and severity when he made a visit to the Buffalo Lithia Springs where he used the water six weeks with the following results: Ten days after arrival he began to discharge at intervals, large quantities of calculi and sand, which continued for several weeks and afterwards gradually diminished until at the expiration of the six weeks there was only occasionally and barely perceptible upon minute examination a slight sandy deposit in the urine. At the same time improvement in the general condition of the patient was very marked,

\*Reprint in Medical News, Jan., 1886, Pp. 71, 72.

†Ziemssen's Cyclopædia, page 425.

‡Medical Record, Oct. 6, 1888, page 440.

The amount of calculous matter discharged may safely be estimated at from one to one and a half ounces. Under microscopic examination it was evident, I think, that the calculi were originally parts of larger formations dissolved by the action of the water. Analysis made by Dr. F. S. Whaley, Resident Physician at the Springs *and consulting physician in the case*, showed it to be uric acid.

Six weeks have elapsed since he left the Springs. Use of the water continued. The urine is free from sediment and normal.

It is *proper for me* to add that I was in constant attendance upon Col. H., during his stay at the Springs.

STATEMENT OF DR. FRED. S. WHALEY,

RESIDENT PHYSICIAN.

Dr. E. C. Laird brought to me for analysis in June last three calculi which he informed me had been passed by Col. H., of Haw River, N. C. They were egg shaped, *hard*, brown and weighed respectively two, two and a half and two and three-fourths grains. All of them showed *marked facets*. Analysis proved these to be *uric acid*. The formation was in consecutive layers and I made three analyses for one. One from the outer layer, one from the middle and the other from the nucleus. All of these analyses proved a uric acid calculus. My examinations were both chemical and microscopical.

After this the patient came to the Buffalo Lithia Springs, where as resident physician, I was called in and saw him daily for about four weeks. He suffered from frequent attacks of nephritic colic and passed at intervals large quantities of uric acid calculi and uric acid sand under the use of Spring No. 2. The particles passed were irregular and *so soft* that they could be mashed between the fingers. The sand and fine particles under the microscope looked broken, porous and presented a worm eaten appearance. I believe from this and similar cases which have come under my observation that the Buffalo Lithia Water possesses solvent power over

uric acid calculi. My belief is based on the following observations. 1st. That the calculi passed under the use of this water are *softened* so that they crumble easily. 2nd. The crystals under the microscope (which are passed under the use of water) are not so well defined and present a worn appearance, and the edges are not so sharp. 3rd. That patients with attacks of nephritic colic, under the use of the water, passed uric acid sand and the attacks are relieved.

### Society Reports.

#### BALTIMORE MEDICAL SOCIETY.

STATED MEETING HELD OCTOBER 8, 1888.

*Dr. Pennington* reported a case of continued fever as follows: "A. B., a large man, very much inclined to corpulence, had suffered from asthma from childhood, often for several nights at a time being unable to lie down. He went down to the Eastern Shore to aid his brother-in-law in gathering a large crop of peaches. While at home he is unaccustomed to work, having no occupation; there, he was actively engaged in culling and handling peaches, lifting boxes about and from the ground to the wagon. Several weeks before returning home, he began to feel badly. His appetite failing and his bowels becoming costive, he took some *pills*, whose action was violent. He soon became feverish and unable to be up and about his work but would not go regularly to bed. This was August 30. Dr. Hiners, of Chestertown, visited him a few times, giving him quinia indecided doses. On Monday, September 3, he came to Baltimore, and that afternoon I was called in. He seemed to be very sick; pulse 120 and weak; temp. 102½. He was thoroughly under the influence of quinine—so much so that his hearing was impaired. He complained of nausea and a constant desire to go to stool, his motions being scant and offensive. I ordered him to bed, for he was still up, after getting home. To allay the nausea and irritability of the bowels, and to allow the effect of



the quinine to pass off, I ordered minute doses of calomel with bismuth and carbolic acid. September 24, I was sent for early. On arriving, I found he had passed a large chamber full nearly of what appeared to be pure blood of a dark character and clotted, with scarcely any fecal matter. He continued to pass from half a pint to a quart of blood every two hours, till 3 30 P. M. He passed more blood in the evening and again at 12 o'clock, midnight. At 6 and 7.30 A. M., Sept. 5, he again had large passages of blood—they said, at least a quart. During the day his temp. was 101–102, pulse 120 and very weak. On the morning of Sept. 5, after two passages of blood, he was almost in a state of collapse—temp. 97, pulse 60, bathed in a cold perspiration, extremities cold—altogether, his symptoms, were very alarming. I ordered stimulants freely and warm bottles applied to the extremities and blister on the abdomen. At 2 P. M. reaction had taken place; temp. normal and pulse improved in tone and frequency. He slept well during the night with no return of hemorrhage until 4 A. M. Sept. 6.—At 10 A. M., temp. 100, pulse 100. 4 P. M., no return of hemorrhage; temp. 102; pulse, 108. Sept. 7, 10 A. M., no hemorrhage during the night; temp. 99½, pulse 100; skin moist; general condition better; a slight movement from bowels but no blood in stools. 5 P. M., pulse 100; temp. 99½; skin moist; feeling better. Had a large stool but no blood in it. Next day after this, Sept. 8, temp. 103. Sept. 9, temperature down again. Collapse set in and he died.

An interesting point is that he should have recovered from the first collapse. Gave quinine in tonic doses. Gave turpentine and opium and that failing, gave ergot, to stop the hemorrhage. Another interesting point is to decide whether it was a case of typhoid fever or the hemorrhage came from some other cause.

*Dr. Ingle* desired to know something of the onset of the disease.

*Dr. Pennington* could not inform him as the case did not come under his observation until the patient had been sick several weeks.

*Dr. Preston* desired to know how much blood was passed. It was impossible to pass so much pure blood in that time and live. Probably urine and fluid from the alimentary canal were mixed with it.

*Dr. Pennington* replied that he had to rely on the nurse's statement. There was a great amount of blood lost.

*Dr. Preston* said it has often occurred to him that certain of these cases justify operation. It has been done just after perforation. Where hemorrhage is great, as in this case, it might be done. From ordinary hemorrhage there is rarely much danger. Operation would add another means of doing something. He had a case in which he made the diagnosis of typhoid fever.

A girl, aged 20, of good constitution, had considerable hemorrhage that did not yield to ordinary hæmostatics. It would have been a good case for operation doing laparotomy and ligating the gut at the point of perforation.

*Dr. Rohé* said he would like to call attention to the necessity for the early diagnosis and prompt and thorough treatment of epitheliomatous troubles of the face. *Dr. Ellis* had referred to him a case of epithelial tumor which developed from an ordinary mole which had been frequently nicked in shaving, and irritated until an epithelial ulcer had formed. Caustics, superficially applied had aided its development. He applied Marsden's mucilage, a paste which causes great sloughing, but which heals up nicely. This was two years ago. There is no sign of return. Another case, which began as a small pimple, had been progressing for seven years and had become a large tumor, extending into the orbital cavity affecting the conjunctival surface to both canthi; vision was not impaired. The ball extirpated, the orbit scraped and all new growth removed. The orbit was then burnt with a galvanic cautery under an antiseptic spray of bi-chloride solution, 1 to 2000. The orbit was then filled with iodoform and absorbent cotton applied. Every three days the orbit was washed out with a bi-chloride solution and redressed. It has been two months since

and there is no return yet. The man has a large, suppurating tumor; now he has none and is comfortable. There was no place to fix an artificial eye and I would not recommend it as it might prove a source of irritation.

About three years ago a woman came to me with a small, shallow ulcer on the side of her face. I advised an operation. She wanted me to guarantee that she would have no return of the ulcer as Dr. Poole had told her he could cure it. Of course I would not do it, so she went away. She come back to me in two years with a large, ulcerating tumor. I had forgotten her. I again advised an operation. She again asked a guarantee and that brought the case to mind. On my refusing it, she left and was lost sight of.

Recent statistics in Germany show that one-third of the cases operated upon early are cured. I see no reason why a larger number may not be cured. These are only slightly infectious at first, lasting for years, until some irritation sets up an inflammation and then they grow rapidly. It is better to let them alone than not to perform a radical operation. A slight application will but loosen the bundles of connective tissue, weaken resistance and allow infiltration and rapid spread of the disease and more rapid destruction of tissue. A radical operation would at least prolong life and in many cases effect a cure. We notice the same results in cancer of the breast. I simply call your attention to the frequency with which moles, etc., give rise, under irritation, to epithelial growths.

*Dr. Ellis* said he was much gratified at the good results attained in Dr. Rohé's cases. He referred to a man, who had a little sore on his lip which gave him constant trouble. The scab came off and was followed by an ichorous pus. He let his mustache grow over it to prevent trouble. After using various salves, recommended by his friends, he called on me. I sent him to Dr. Rohé who treated him for over a year. He was very much discouraged for a long time but is now well and delighted. Only a scar is left. This is the case just referred to by Dr. Rohé.

*Dr. Earle* reported three cases of typhoid fever, stating that there was nothing of special importance about them but the treatment. He had used a remedy recommended by Dr. Chew. Two of these cases were in the same family. One was under treatment seven, the other five weeks before convalescence. In the first case, the temperature was moderate in the beginning but rose rapidly. Antipyrine was used at first with good effect but later with none. Called in Dr. Chew who advised antifebrine instead of antipyrine, with good result and no bad effect. No other medicine was given except an occasional Dover's powder,  $2\frac{1}{2}$  grains every three or four hours when the bowels became too loose. A quart of milk was giving during 24 hours. A half ounce of brandy to the adult and three ounces to the child, was given every four hours. No other treatment was used and a good recovery was made. In the third case, after using antifebrine a few days found the temperature normal. Became suspicious that it was not typhoid fever, so ordered to be given the next morning antifebrine at 7 o'clock and eight grains of quinine at 9 o'clock. A mistake was made and quinine was given both times, instead of antifebrine at 7 o'clock. That night the fever was up to  $102^{\circ}$ , showing the antifebrine had kept the temperature down. Continued the antifebrine afterwards. On one occasion found the temperature  $103^{\circ}$ —gave antifebrine and in four hours it had reduced it again.

*Dr. Ingle* wanted to know how early Dr. Earle had begun stimulation.

*Dr. Ellis* said he wished to call attention to the fact that simply keeping the temperature down is not the most important thing in typhoid fever. In dealing with that we are apt to forget other things. The temperature is simply a battle between the microbes and the system and if we keep the patient nourished well and look out for the emunctories, our patient will get well. Antisepsis of the alimentary canal must not be omitted, and for this *salol* is one of our best remedies, stopping fermentation and rendering the alimentary canal aseptic. For this, Bartholow recommends iodine and carbolic acid,



These things are as important as keeping the temperature down.

*Dr. Rohé* asked *Dr. Earle* how long after returning from the place they had visited, did the cases occur.

*Dr. Earle* replied "Three days."

*Dr. Rohé* said he had a case recently from Long Green. It happened from the same place—was brought in some family—whether in the drinking water or not, he was unable to say. It would be well to get the record of others staying there to see if they had been affected.

*Dr. Earle* said other cases had been reported from the same place—Clairmont.

*Dr. Smith* thought a similar state of affairs had prevailed at Monterey. They changed the sanitary arrangements and since then had had no trouble.

*Dr. Ellis* thought it better in prescribing to use the name acetanilid than antifebrine as the latter name is copyrighted and they are but two names for the same substance.

*Dr. Earle* said the reason he did not prescribe by that name was that it was not so well known among druggists as antifebrine and there might be difficulty or delay in getting it. He used antifebrine to keep the temperature, not at normal, but within bounds. If it does no other good it keeps the patient comfortable and he was endeavoring to do that. That was not the only thing he did. He was rigid in disinfecting the excreta for which purpose he left a bi-chloride solution—1 to 1000—with directions to use it after each stool, 15 minutes. Was impressed with beta-naphthol instead of salol, using it continuously, five grains every three or four hours, without influencing the disease. He used it in one case three weeks—not in the others. Dysentery is more likely to be benefited by it than typhoid as the ulcerations are more superficial.

In answer to *Dr. Smith*, *Dr. Earle* said antifebrine was only given when needed—sometimes only one dose a day. There was no mental effect observable from its use.

*Dr. Smith* said he was glad to see the uniform effect of antifebrine; it is a great boon to the profession if it act in only

one thing—typhoid fever; he has often been disappointed with antipyrine.

*Dr. Smith* asked *Dr. Ellis* how large a dose of salol he gives.

*Dr. Ellis* said as much as 10 grains four to six times a day. He combines it with bismuth, for ease of administration, because, when combined with mucilage it sticks to the side of the bottle. He objects to the solution in alcohol because carbolic acid is set free, which is not desirable till it gets into the bowel. It gives the patient no nausea. He has injected it with good effect.

*Dr. Smith* said he had used it in a number of cases, and while he had noticed no bad effect, he had seen no good result. He is not disposed to give medicines unless he gets decidedly good results.

*Dr. Ellis* thinks it unfortunate that experiences differ. Sometimes it is due to not giving the medicine in the right way. It is always well to see how others who have succeeded, give it before condemning or discarding it. He is confident that it lessens the offensiveness of the stools.

*Dr. Smith* said he used it in the same way and only referred to his experience because he got no better results than from the standard treatment, lead and opium.

*Dr. Ellis* wanted to know how long *Dr. Smith* had kept up the use of salol.

*Dr. Smith* replied that he kept it up two or three days but noticed no decrease in the number nor change in the character of the stools.

*Dr. Ingle* stated that he has had very satisfactory results from salol. He has tried all the other approved remedies but has fallen back again upon salol. He gives it in pill to adults and suspended in mucilage to children. It diminishes the number and affects the character of the stools. His experience with it has been satisfactory.

*Dr. Chambers* asked if other remedies had been used with salol, or if it was used alone. He thought to laud it too highly might mislead some one. As a rule, if we judge from statistics these cases get well any how.

*Dr. Ellis* said he did not run after

new drugs. When he uses one he does not use it in a "shot-gun prescription." The salol was used alone. When opium was given, it was by itself and only for tenesmus. He had used salol in from 200 to 300 cases and not had any die where he used it. He has had some extremely low cases—asthenic, typhoid cases.

*Dr. Chambers* said the fact that the doctor had from 200 to 300 does not argue that salol relieved them all but rather that they were mild cases.

*Dr. Rohé* said the record of the Health Department shows that the number of deaths was very high. If the proportion of deaths in other's practice were anything like as good as *Dr. Ellis'*, the number of cases in town was very large. The treatment of dysentery by intestinal antiseptics is rational. The contents of the canal has something to do with the result of a remedy. If the salol is decomposed high up it does no good. Given in capsules it may reach the trouble. It may prevent the formation of ptomaines by the destruction of the organism that produce them. We have no right to question the experience of others in an unscientific way.

*Dr. Chambers* says he still holds that the percentage of deaths from dysentery is small and we are not warranted in giving the remedy undue credit for the results attained. His own experience during the summer was limited to 15 cases and he had one death. He used Rochelle salt with his cases but he does not know what effect it had on the ptomaines. Ptomaines do not produce ulceration acting on the mucous membrane of the bowel.

*Dr. Rohé* said he would like to know if a death-rate of  $6\frac{2}{3}$  per cent. does not indicate a little more than a mild and inoffensive disease. Yellow fever has, under favorable conditions, a death-rate of from 7 to 8 per cent. and no one would call it a mild disease.

*Dr. Chambers* said his first case—a child between three and four years of age—he lost. Dysentery in a very old or a very young person is a serious trouble.

*Dr. Ellis* said he wished to make an

explanation: The diagnosis makes considerable difference. 200–300 cases in one summer seems very large but he has a large practice and, contrary to his usual custom, did not leave town this summer. He had a large number of cases of cholera infantum, which, as is often the case, went off in dysentery, and he included these in his enumeration. His cases, with few exceptions—perhaps a score—were very mild. Last year he lost many cases. Salol does not cure all cases.

After transacting miscellaneous business the society adjourned.

HENRY B. GWYNN, M.D.,

Recording and Reporting Sec'y.

**DRUNK OR DYING.**—The difficulty of making a diagnosis between the state of unconsciousness produced by alcohol and by intracranial extravasation has been again exemplified by an unfortunate case which was the subject of an inquest held on October 30, by *Dr. Danford Thomas*. The man, a French polisher aged 46, fell down the dangerous stairs at Edgware Road Station, and was picked up unconscious. He was removed to the police station and visited by the divisional surgeon, who expressed the opinion that he was intoxicated; on the following morning the divisional surgeon again saw him, and considered that he was recovering from the effects of intoxication. After being kept for forty-eight hours at the police station, he was removed to the Marylebone Workhouse, where he died ten days afterwards, the cause of death being fracture of the skull and intracranial extravasation. As we have said, it is extremely difficult to make a diagnosis on first seeing patients suffering from symptoms of this class, but the observation of the coroner that the divisional surgeon had committed an error of judgement in not having the patient removed on the following morning to a place where he could have had the advantage of proper medical supervision appears to have been fully justified.—*Brit. Med. Jour.*



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BALTIMORE, NOVEMBER 17, 1888.

**Editorial.**

THE DYSPESIA OF PHTHISIS.—Few text-books and writers on the practice of medicine pay much attention to the dyspepsia accompanying pulmonary consumption; and yet it is so prominent in many cases as to almost mask the fatal disease. Perhaps there is a comfort in the fact that the consumptive thinks he has a dyspepsia, and is not conscious of his real trouble. In fact, in this hopeful disease (for consumptives are notably hopeful), the stomach symptoms are the only ones complained of in many cases; and, indeed, if we can carefully regulate the diet and help on the disordered digestion, we do much more good than in attempting to give tonics and cough medicines, which are often attended with no possible effect.

It is not easy to lay down general rules for all such cases, but the best way, in severe cases, is to stop all solid food and try a milk diet. Give uniform small quantities, frequently repeated, and let the patient feel a little hunger to stimulate the sluggish secretion of the gastric juice, a small quantity of whiskey; or if this is objected to, one of the bitter tonics may be given about three or four times a day, from fifteen to

thirty minutes before eating. In case of pain during digestion the milk may be peptonized, but this is not always advisable, as the unpleasant taste is apt to cause an aversion to milk and thus interfere with the important food. A good domestic remedy, which has often proved very effective, is a preparation of sherry and rennet before each meal. Small doses of bismuth and calomel after meals relieve the distress and keep the bowels regular. As the digestion becomes stronger the menu may be enlarged and the drugs cut off, until the patient is able to take a ferruginous tonic. This treatment (like all methods of treatment—not new) in pulmonary consumption, when dyspepsia is a prominent symptom, has met with sufficient success in some cases to deserve recommendation, and has been the means of prolonging life.

LAVAGE IN THE TREATMENT OF CHRONIC ENTERO-COLITIS.—All chronic intestinal troubles in time result from the stomach, and in many cases these are cured or are relieved by a carefully regulated milk diet. In other cases, however, milk diet fails, and then Dr. Maurer (*Bulletin Général de Thérapeutique*, September 30, 1888) has found that lavage is very useful. He begins by carefully examining into the condition of the liver, spleen, urinary and other organs, and if he finds nothing here abnormal, uses lavage, in most cases with marked success. Usually Vichy water, or other alkaline solutions, have been used, but he has been trying in some cases acid solution, with some success. The acid solution used is citric acid, 1 to 1000, and it should be used when the vomited matter and stools are very fetid, when the pain is increased after taking milk, and when there is a splashing in the stomach. This is followed by the use of dilute muriatic acid.

On the contrary, when the vomit is very acid, when there is burning and pyrosis, and milk calms the pain, he uses Vichy or other alkaline waters. Lavage

is usually practised in the morning after the patient has fasted since the previous evening. It is well not to use too much liquid, never more than a quart at a time. When the liquid returns clear a half pint of milk is given. In general it is recommended not to give more than three to four ounces at a time, and not to exceed two quarts of milk a day at first. Later this may be increased to three quarts. Lavage should not be repeated again for two days. Warm liquid should always be used.

The duration of the treatment varies greatly, and its results may be noticed by watching the character of the stools. As a result of this treatment Dr. Maurel draws the following conclusions :

1. If the milk diet fail in the treatment of chronic entero-colitis, complications must be looked for.
2. All gastric troubles are included among the complications.
3. The complication having been found, treatment should be directed against it alone until relieved.
4. Lavage is the best treatment.
5. Lavage should be practiced with alkaline or acid solution according to circumstances.
6. For the former Vichy water is the best solution; of the latter citric acid solution (1-1000).
7. After the stomach trouble is cured the entero-colitis should not be neglected.

THE RELATION OF THE PHYSICIAN TO THE MEDICAL SOCIETY.—The month of October is the beginning of the year in the medical societies. The dull period of practice is then fairly at an end, and the physician enters upon a new series of observations and experiences which may be discussed with his associates. Perhaps he has, in the leisure hours of early autumn, taken the trouble to reduce to the form of written essays those thoughts which have flitted through his mind during the busy season, or has searched the literature bearing upon some unusual and puzzling case in his former practice. So, for one reason or another,

he is ready to welcome the opening of a new society year.

By the thoughtful, live physician the question "Does it pay to belong to a medical society?" will always be promptly answered in the affirmative.

There may be a few whom grinding poverty forces to spend every leisure hour in the office, to whom it forbids the expenditure of society fees ; but surely the condition of such men is as far removed from the normal life of the physician as the condition of a common drudge from the life of a master workman. The calling of the physician is a very noble one, and can never be properly followed unless it has its time of relaxation, its time of study, its time of social intercourse.

In the discussions of the medical society the physician learns much of his fellows. Here he becomes acquainted with the methods of practice of the physicians around him, learns to distinguish the careless from the painstaking, the unskillful from the expert operator, the rash from the cautious prescriber, the mercenary and time serving from the generous and truthful physician. He learns also who are posted on the literature of medicine, and who can give him wise counsel and able assistance in time of need.

Nor does the medical society teach him less about himself. It gives him opportunity to compare himself with his fellows, to silently note the points in which he is deficient. It trains him to greater accuracy in the study of his cases and greater care in their treatment, especially if, from time to time, he brings the more interesting ones among them to the notice of the society.

The amount of practical information which a physician may give from the discussions of an active society is beyond all calculation.

One other point of advantage only, calls for notice at this time—the opportunity which the society gives for the culture of public spirit. However lacking the medical profession of our State



may be in this essential, it must be evident to every observer that the public spirited physicians are not those who hold aloof from our societies, but those who attend regularly upon them. (We need not speak here of those who are so busy with other public matters that they have no time to devote to the advancement of their profession;—they have probably missed their true calling in life).

It is in the societies that the great matters of medical politics (not ward politics) may best be discussed, and an interest in the public good of the profession may best be aroused. In them, if anywhere, will be found the leader who will stir up his associates to an assertion of their rights; or the chosen few who standing shoulder to shoulder will drive back at last to their merited obscurity the forces of quackery, inside and outside of the profession, which now resist so triumphantly and so scornfully every effort to subdue them.

### Miscellany.

FINGER-NAILS AND NAIL-BRUSHES.—A painstaking German physician, Dr. Mittmann, of Würzburg, has published in Virchow's *Archiv* a remarkable paper bearing the remarkable scientific-naturalistic title "Untersuchungen von Fingernägelschutz auf Mikroorganismen." Although this contribution cannot be said to be based on painful experiments on live animals, a certain section of society will hold that there can be little poetry in those who make researches for micro-organisms in finger-nail dirt. Yet nails can scratch, and scratches may undergo troublesome pathological changes; moreover, as some authorities have insisted, the nails may seriously affect operation mortality, for they can convey bacteria in particles of dirt unremoved by the nail-brush. Dr. Mittmann has found that germs abound under the nails of persons pursuing dirty occupations and of careless schoolboys. He cultivated the adventitious matter from the nails of twenty-five subjects, in agar, gelatine, and blood-serum. Micrococci were almost

invariably present, next in frequency came diplococci; in only eighteen cultivations were bacilli found, and sarcinæ appeared in three. Moulds abounded and grew freely on cultivation. The subjects were grouped as follows: 6 rag-sorters, 4 female cooks, 3 waitresses, 7 schoolboys, 2 barbers, and 3 undertakers' assistants. The degree of septic virus must vary greatly in groups which represent such different conditions. The use of the nail-brush in private life needs no advocate in this country: on the other hand, it is questionable whether that toilet article may not be a source of danger in hospitals and medical schools. A dissecting-room or ward nail-brush is as likely to convey as to remove septic matter. Possibly it is better to rub the nails on the surface of a piece of antiseptic soap during ablution, subsequently employing a penknife, if necessary, than to use a nail-brush under these circumstances.

RHAMNUS PURSHIANA IN RHEUMATISM.—Since reading the article of Dr. H. R. Goodwin, Assistant Surgeon of the U. S. Marine Hospital, June 9th, 1888, relative to *rhamnus purshiana* in cases of rheumatism, I have had occasion to apply the drug in similar cases with equally fortunate results:

CASE 1.—Mrs. R., white, aged 60 years, applied to me with pain in both knees, aggravated by the slightest motion; some slight tenderness on palpation; fever. Ordered a mercurial purge with bicarb. sodium, to be given immediately, followed the next morning by oil of gaultheria, ten drops every third hour, in combination with quinine sulph. and pulv. opii, two grains of former to the latter one, three times a day, continued for five days. Observing no change whatever as regards her condition discontinued the above (oil gaultheria), substituting fluid extract of *cascara sagrada* in half drachm doses, combined with the glycerine, to be given four times a day. At the expiration of two days began to notice decided improvement in her case, especially as regards intensity of pain, and in six days discharged case cured.

CASE 2.—That of B. T., swamper,

colored, aged about 35. Applied to me August 30, 1888. Complained of deep-seated pain, tearing in character, in in lumbar region, increased by movements of any kind, especially that of bending forwards, pain being continual, severest at night. Ordered hyd. chlor. mit., sodii bicarb. ää, grains x, to be given immediately, followed by extract of cascara sagrada in half drachm doses, with glycerine, every third hour; counter irritation locally by ammonia liniment. At the expiration of four days patient reported to me as feeling perfectly well.

I report these cases, simple as they are, alike with Dr. Goodwin's, hoping to hear of other medical men's experience in reference to this particular drug.—*N. O. Med. and Surg. Jour.*

**DETERMINATION OF THE SEXES.**—At the meeting of the French Academy of Medicine of October 6th, 1888, M. Charpentier made an address upon the causes which determine the creation of the sexes. Up to the present time no one has given any definite information on this subject. There are a certain number of causes which act, but they are not to be sought exclusively in the ovule nor in the spermatozoa. The sex is determined by the reciprocal action of the two elements at the time of conception. It seems that the absolute or relative age of the parents has a certain influence on the production of the sex of the embryo, as well as the degree more or less pronounced of the sexual vigor at the moment the egg has been fecundated after its expulsion from the ovary. It seems nearly enough established that when the man is ten years at least older than the woman and she is at an age of the highest reproducing activity, more boys will be born than girls. The one who is most energetic has the power of influence the most in children of the same sex. Coitus some time after menstruation (eight days at least) would prove the production of boys. The general proportion is 106 boys to 100 girls. According to M. Bidden, it would seem that the sex depends upon the male or female quality of the ovule. The male ovules would be more numerous

and more apt to be fecundated in youth than in more advanced age. On the contrary it is in the most flourishing period of the woman that the female ovules are more numerous and more apt to be fecundated and at that time the woman controls the sex.

**NOCTURNAL INCONTINENCE IN CHILDREN.**—No investigation in etiology can be more complex than the attempt to find out the whole mechanism of causation in any given case of enuresis. M. Reymond, in *La Province Médicale*, No. 40, brings Cowper's glands into the list of causes of enuresis; he contends that these are in action even in infancy, and argues that erections with some mucous emissions are sufficient proof of their activity. Dilatation of the urethra is recommended with a view to remove the morbid state of irritability of the orifices of these glands. M. Reymond does better to recall attention to such reflex sources of irritation as preputial adhesions, phimosis, and urethral lesions. In some cases the passage of a bougie in male children, or the swabbing of the inner surface of the bladder and urethra of the female with some astringent and antiseptic lotion, has effectually cured the annoying symptom.—*Lancet*.

**IODIZED OIL.**—A new preparation known as iodized oil is being well spoken of. It is stated to be a solution of pure iodine and to contain ten grains of iodine to each fluid ounce. The iodine does not, however, exist in a free state, but in a combined form, and hence causes no discoloration of the skin when applied as a paint or as a liniment. The so-called oil is used in all cases in which the employment of tincture or liniment of iodine is indicated, excepting where strong counter-irritation is required. It is mixable with spirit or water, so that when necessary its strength can be increased by the tincture of iodine, or diminished by the addition of water.—*Cor. Jour. Amer. Med. Ass'n*.

**STRYCHNIA IN DELIRIUM TREMENS.**—Dr. Manoel Ramos, of Brazil, in a communication to the *Bulletin Général de*



*Thérapeutique* for October 15th, 1888, reports an interesting case of delirium tremens in a man who suffered from repeated attacks. The usual remedies were tried at first with little effect, hypnone doing the most good, and finally hypodermic injections of the sulphate of strychnia in doses of about 5 milligrammes ( $\frac{1}{12}$  grain) was used with excellent effect. The injections were given about twice a day and in a few days recovery was complete. The success of strychnia after the failure of opium, morphia, hypnone, urethane and paraldehyde, he thinks is due to the large doses used which were allowed in such cases of chronic alcoholism where there is inertia of the excito-motor power of the spinal cord.

**POTASSIUM PERMANGANATE IN BURNS AND FROSTBITES.**—Dr. Zyboff has had good results from the use of permanganate of potassium in the treatment of burns and congelations. He keeps the parts constantly wet with a solution of from three-fourths to two grains of permanganate to an ounce of water. If the integument is broken he employs a weaker solution, one-half grain or less to the ounce.—*Med. Record.*

**HEALING OF WOUNDS.**—Prof. Leon Le Fort believes that the impurity of the air has no injurious effect upon wounds, and that it may be ignored. He believes that wounds will successfully heal if perfect cleanliness is maintained by the surgeon, as to his person, and every thing used by him in his operation.—*Science.*

**ADDITION OF AN ACID TO SOLUTIONS OF CORROSIVE SUBLIMATE TO INCREASE THEIR ANTISEPTIC POWER.**—Dr. Laplace has been making a series of experiments with a view of determining the antiseptic power of corrosive sublimate wound dressings, such as gauze cotton and bandages. He has recognized that these materials are usually inefficacious. This can be attributed to the formation of an insoluble albuminate of mercury. The addition of an acid to the sublimate solutions prevents this chemical com-

bination. M. Laplace advises especially the use of tartaric acid, and establishes the following conclusions:

1. Acid solutions of corrosive sublimate produce a complete reaction in albuminous fluids.

2. The combination of an acid with corrosive sublimate increases the antiseptic power of the latter, for one can then use weaker solutions.

3. Medication with acidified sublimate is sufficient of itself, and there is no necessity to have recourse to iodoform.

4. Preparations of acidified sublimate furnish results more satisfactory than with any other disinfectants.

5. Wounds are not irritated by it.

The solution recommended by M. Laplace is the following:

Hydrarg. bichlor.	1 gramme.
Acid tartaric . . .	5 grammes.
Aq. distill. . . .	1000 “

Wound dressings such as gauze cotton, etc., are to be immersed for two hours in this solution:

Hydrarg. bichlor.	1 gramme.
Acid tartaric . . .	20 grammes.
Aq. distill. . . .	1000 “

We obtain in this way disinfectant materials, the application of which secures cicatrization.—*Revue de l'Antisepsie*, September 15, 1888.—*Canadian Practitioner.*

**TREATMENT OF ERYSIPELAS.**—Nussbaum recommends the application of a pomade of equal parts of lanolin and ichthyol as a very speedy and simple method of cure in erysipelas. He covers the parts with salicylated cotton, and obtains a painless cure usually in two or three days.—*Brit. Med. Jour.*

**DIPHTHERIA FROM CATS.**—A report has been made to the Central Board of Health of Melbourne describing an outbreak of diphtheria, the cases occurring almost simultaneously in the neighbourhood of Daylesford. One child died, but the others are progressing favourably. The local health-officer has furnished a report pointing out the strong *prima-facie* evidence that the children

contracted the disease from cats, numbers of which are dying in the neighbourhood.—*Brit. Med. Jour.*

NOVEL SUGGESTION FOR THE CORRECTION OF IRREGULAR ASTIGMATISM.—The methods of estimating and correcting regular astigmatism are comparatively simple, and become more widely known every year, but so far little progress has been made in the correction of irregular astigmatism. This is not to be wondered at, for in some of these cases the corneal surface is so irregular that it defies accurate measurement, and even if a glass could be constructed to counteract its irregularities it would be of service only so long as the relation between it and the cornea remained the same. For this reason the lenses which have been found to improve the vision in cases of conical cornea have not proved of much practical value. In the June number of Knapp's *Archives of Ophthalmology*, is a suggestion by Dr. Fick, which possesses at any rate the value of striking originality, although we fear it is quite impracticable. He advocates the employment of what he calls a "contact lens," which is nothing but a shell or glass, forming part of a sphere, which is laid upon the eye, the space between it and the cornea being filled with fluid of the same refractive index as the aqueous. It is obvious that, under these conditions, the glass becomes the anterior refracting surface of the eye, and the action of the natural cornea upon the rays of light is abolished, provided that its surfaces are parallel. We may note in passing that Dr. Fick appears to have overlooked this latter proviso. It is certain that in many, and probably in most, cases of irregular astigmatism the cornea is of very unequal thickness in different parts. Apart, however, from this objection it seems to us that Dr. Fick's suggestion is utterly inapplicable to actual practice. It is said that rabbits bore the contact lenses patiently for a considerable time, and that Dr. Fick himself wore them for over two hours with but little discomfort, but the rabbit is well known to be one of the most patient of animals, and it is not improbable that Dr. Fick's sensibility was

somewhat blunted by the intense interest he must have felt in the success of his experiment. Whatever fluid is used it would require renewal from time to time owing to the admixture of epithelial debris from the cornea, and it would be almost impossible for the wearer to effect this himself. It is conceivable that the "contact-lens" might prove of some diagnostic value, but as to its practical use we are entirely sceptical.—*Brit. Med. Journal.*

THE "AFTER-TASTE" OF THE SALICYLATES.—When salicylic acid or salicylate of soda are given in solution, an unpleasant taste is so important an after consideration that nausea followed by vomiting is often the result. This has been almost a universal objection of patients. This condition of affairs can frequently be averted by placing a small quantity of table-salt upon the tongue immediately before the administration of these preparations.—*Omaha Clinic.*

LEAD-POISONING.—Dr. Herald of Newark, N. J., has, during the past six months, had fifty cases of lead-poisoning in his practice, which he has traced to soda water contained in the five-cent patent-stopper bottles. In some of the stoppers examined by him he found 42.4 per cent of lead, and in others, 83.6 per cent. The action of the carbonic acid in the water upon the lead in the stopper ultimately produces a bi-carbonate of lead, which, when absorbed from the stomach, causes lead-poisoning.—*Science.*

PHTHISIS.—Scholl prescribes as follows:—

Ry.—Creasote, . . . 1 drop.  
Iodoform, . . . 1-5 grain.  
Arsenate of soda 1-24 "  
Cynoglossum . . .  $\frac{1}{4}$  "  
Benzoin and Magnesia q. s.  
For one pill.

Sig.—Take two in the midst of breakfast and supper.—*Revue de Thérapeutique.*



## Medical Items.

There are 256 practitioners in Los Angeles, California.

It is reported that a case of hydrophobia has been cured in St. Louis. From the symptoms, it looks more like a case of hysteria.

Doctors in Alsace-Lorraine are now forbidden to write their prescriptions in French. Either German or Latin must be used.

Sixty-five illegal practitioners were prosecuted in the State of New York during the past year.

Dr. Joseph O'Dwyer has been appointed Professor of Diseases of Children in the New York Post-graduate Medical School and Hospital.

A couple in Connecticut quarrelled over their choice of a physician for their sick child, and a suit for divorce is the consequence.

In only twenty-four out of five hundred and thirty cases of acute rheumatism in the report of the British Medical Association did the salicylate of soda treatment fail.—*Ex.*

A MORGUE FOR LONDON.—A French contemporary states that there is a project for the establishment in London of a morgue similar to that in Paris.

Dr. George M. Sternberg has returned from his trip to Alabama and will spend some time in this city working up the cultures and material brought with him.

Among those attending the meeting of the American Academy of Medicine, in New York City, are Drs. Lewis H. Steiner, C. C. Bombaugh and William B. Canfield, of this City.

Small-pox in Ontario has assumed such a threatening aspect that the Board of Health urges people that have not been vaccinated to be vaccinated immediately.

Prof. Heinrich von Bamberger, the well-known Austrian physician, whose face was so familiar to American doctors studying in Vienna, died on November 8th, in the sixty-seventh year of his age.

The Boylston medical prize of four hundred and fifty dollars has been awarded by Harvard University to Dr. George H. F. Nuttall, of San Francisco, for a dissertation entitled, *A Contribution to the Study of Immunity*.

The next meeting of the Baltimore Microscopical Society will be held at the residence of Prof. George L. Smith, — Madison Ave., on Wednesday evening November 21st, at 8 P. M., all members old and new are invited to be present promptly.

At a special meeting of the trustees of the Journal of the Americal Medical Association, held in Chicago, on Saturday November 10th,

Dr. John B. Hamilton was unanimously elected to succeed Dr. N. S. Davis, as editor. He will assume charge January 1st, 1889.

The Chair of Anatomy at the College of Physicians and Surgeons of New York, made vacant by the death of Dr. Sabine, has been filled by the appointment of Dr. R. J. Hall. Dr. Charles McBurney has been made Adjunct Lecturer on Surgery.

Preparatory to having a tooth extracted, a Dennison, Texas, a negro took laughing gas. The effect was startling, for he leaped through a window carrying sash and all with him to the ground, 20 feet below. His surprise on recovering consciousness far exceeded his injuries.

Over two hundred cases of sickness, caused by eating cheese, have been reported to the Ohio State Board of Health, within a few months, the towns of Urbana and Mansfield contributing about fifty cases each. Grave symptoms, even to complete syncope, appeared in some cases, but there were no deaths.

It is said that Omaha, Neb., has a medical society that has no rules, no officers, no annual dues, and meets twice a month—at the residence of a member who wants to read a paper. This plan of organization has the merit of extreme simplicity, but we suspect that its results will be often the "go as you please."

Pharmacy of Russia is now receiving the attention of the Government. A plan is being prepared by which the status and qualifications of a Master in Pharmacy will be equal to that of the Russian Doctor of Medicine. The Master in Pharmacy will have to spend eight semesters at a university. The two sexes are to have equal privileges. The *Apothekerverein* of Germany has set on foot a movement looking to the same ends.

In the Western Medical Reporter of Oct. 1888, a very undignified correspondence is published to trace Lawson Tait and Dr. D. A. K. Steele, of Chicago. Since Senn wrote his letters from Europe commenting on Tait, the latter has very properly excluded visitors from his private hospital which he had a perfect right to do. Dr. Steele, knowing this, endeavored to gain entrance, and not succeeding very improperly published all letters which are not credit to either gentlemen.

The Cincinnati Polyclinic was organized on the 31st of October. The faculty is as follows: General medicine, Dr. A. C. Kemper and Dr. E. W. Mitchell; diseases of children, Dr. H. W. Rover; diseases of women, Dr. E. B. Hall (treasurer), Dr. Charles A. L. Reed (dean), and Dr. Edwin Ricketts; diseases of the eye, Dr. Robert Sattler; diseases of the throat, Dr. A. B. Thrasher and Dr. J. H. Boylan; diseases of the skin, Dr. A. Ravogli and Dr. Merrill Ricketts; surgery, Dr. H. Longstreet Taylor (secretary) and Dr. Wallace Neff. Only graduates in medicine will be admitted as pupils.

Original Articles.

CARBOLIC ACID IN THERAPEUTICS.

BY CHARLES L. GWYN, GALVESTON, TEXAS.

GENTLEMEN:—Probably no remedy in the whole pharmacopœia has been more extensively used, in its short career, both by the profession and the laity, than carbolic acid. It has been used in every method and in every manner that any drug is susceptible of, in substance, in solution, in spray, vapor and smoke, in ointment, in soap, in pill and in powder, as lotion, as an injection, per nares, per anus, per vaginam and hypodermatically, in other words it has been used in every method that skill and experimentation could devise both internally and externally and both scientifically and unscientifically—I fear the latter the oftener.

Carbol was discovered in 1834 by Runge. As it seemed to form salts with bases, he called it carbolic acid and it was long confounded with creosote, the product of wood-tar.

For its chemistry I must refer you to your dispensaries and chemistries and the admirable paper of Dr. Bill, U. S. A., in the *American Journal of the Medical Sciences*, No. 127, July, 1882; also to the paper of F. Grace Calvert in the *London Lancet*, March, 1868.

Attention was first called to carbolic acid as a remedy in medicine by Demaire in 1860. Lister in March, June and July in the *London Lancet*, first announced the result of his experiments with carbolic acid as an antiseptic spray and dressing in surgery, and from the impulse given, to its use by these papers, its use soon became general. Opposition to the use of the carbolized spray was soon set up and a great deal of feeling was engendered between the advocates of "Listerism" as it was called, and those who thought adversely to its methods. The journals from that period, teemed with articles pro and con concerning its use, some with unbecoming bitterness, books were written, notably among them were the "Antiseptic System, a Treatise on

Carbolic Acid and its Components," by Dr. A. E. Sansom, and one by Dr. Angus Smith on Disinfectants, etc.

About 1881, or after the meeting of the International Medical Congress in London, where "Listerism" was thoroughly discussed, its use declined both in medicine and surgery, and from that time but little appears in the current literature of the day in regard to it and it may be well to add that while carbolic acid has lost its sway as a disinfecting spray, that "Listerism" has as firm a hold upon the profession as it had when it was first promulgated, though other antiseptics and more potent germicides may be used. "Listerism" is now construed as perfect and absolute cleanliness and is the natural outcome of the germ theory.

As an anæsthetic, carbolic acid acts locally by obtunding the sensation of the peripheral nerves, but insufficient strength to accomplish this purpose, endangers the integrity of the cuticle and is apt to produce a slough, especially if injected hypodermatically. Both Dr. Bill, before quoted, and Sir Erasmus Wilson called the attention of the profession to this property of carbol as soon as 1870, and recommended its use in such minor operation as cutting felons, opening abscesses, dressing irritable ulcers, etc.

As an antiseptic, carbolic acid, through the writings of Lister (before quoted) and his adherents, became popular and its use became almost a "craze" in surgery, but as time wore on its demerits became as apparent as its merits, disasters and accidents from its use were recorded and from its high estate, in the estimation of the profession, it has dropped to a secondary position. Cases of carbolic poisoning were frequently reported and strange to say more from its external exhibition than from its internal administration. It is said that in our neighboring city—New Orleans—that every time her streets were cleansed and disinfected by this agent, that there was a marked increase in the mortality of infants especially from renal diseases.

At the International Medical Congress held in London, the illustrious Keith said that he was forced to abandon its use, from the fact that following each



extended operation under the carbolic spray, he suffered from an attack of hæmaturia.

Experiments were instituted comparing it with other germicides, and it was found to be low in the scale of potency, that common alcohol possessed four times its effectiveness without its dangers, as did the bi-chloride of mercury solution and a number of other drugs. Yet "Listerism" has suffered but little by the discredit of Lister's then favored drug, with thymol, encalyptol, the bi-chloride, etc., better results are reached. Aseptic and antiseptic surgery has been one of the real advances of the healing art.

As a styptic, carbolic acid is almost a failure; it owes its feeble powers to its quality of coagulating albumen; its action is temporarily painful and with its uncertain action it might, without loss, be dropped from the list.

As a dressing of wounds it possesses no advantages over the water dressings proposed by Dr. Jas. McCartney in 1838 and used by many of us during the late war. Dr. McCartney claims for its use precisely the same and similiar results to those claimed by Lister for carbolized dressings. He says, "Water dressing has not only better, but very different effects from poultices. A wound may at first yield a little purulent fluid, but in a short time this will be furnished in so small a quantity as to hardly stain the lint. The pus, even from an ulcer, rapidly diminishes under water dressing. I remember a case of very extensive ulcer of the leg to which I applied it. The patient pulled off the dressing in the night because, as he said, it was stopping the discharge, he conceiving, like many surgeons, that no open surface could heal without suppurating."

The oil and wine used by the Good Samaritan are better dressings and are more antiseptic than carbolic acid; so is the common spirits of turpentine of the domestic practice.

In a paper read before the Medico-Chirurgical Society of Glasgow, by Dr. James Morton, October 1, 1869, after relating a number of experiments with

and without carbolic acid, he says:—"These experiments were conducted as faithfully and as impartially as they possible could be, and it is not unworthy of mention that my assistants were believers in the efficacy of carbolic acid, whereas I was doubtful of it. I will not detain the society with a detail of all these cases, but may here state that the conclusion I then arrived at was that carbolic acid was certainly not superior, barely equal, to some of the antiseptics in common use. It happened also that some of the most dangerous cases, and consequently those in which the success was most striking, were treated without it."

The common oil of turpentine is a better antiseptic and has balsamic properties. Collodion, by excluding the air from the wound, produces as good results, and often healing by first intention takes place from its use. The same may be said of many other appliances, plasters, etc.

Carbolic acid was suggested as a local treatment in diphtheria by Rothe in 1871; by internal application in uterine catarrh, by Playfair, July, 1872; for the treatment of dysentery, by Amelung, of Carshafen, in 1873; in the treatment of wounds, ulcers, etc., by Dr. Earle, in the *Centralblatt* in 1870; as a preventive of the eruption of small-pox, in 1880; as an injection in hydrocele, by R. J. Lewis, July, 1882; as an injection hypodermatically in hemorrhoids, a treatment rescued from the quacks, by Dr. Andrews, of Chicago, 1880; for snake-bite hemorrhoids and carbuncle, by Dr. Kennedy, of Texas, 1881.

For its use in carbuncle, the honor of its introduction is claimed by several. By Dr. Peter Eade, London, in 1870 and 1874; by Dr. I. C. Nott, Mobile, 1871; by Dr. J. T. Wood, Toledo, O., 1880; by Dr. N. B. Kennedy, Texas, 1881, and by Dr. Wilkinson, Texas, 1885. That there may be no error in ascribing to the originator of the method, his true merit I will quote from each.

Dr. Peter Eade, of London, in a communication to the *London Lancet* of June, 1874, says: "In a short communication published in the *Lancet* for 1870,

"I recorded the particulars of a case of extensive carbuncle of the back of the neck, which I treated by the free application of carbolic acid to the diseased part and especially by its free insertion into the holes and sinuses which had formed, as is usually the case, over the central portion very early in the course of the disease. An experience since that time of two or three cases of large carbuncle and many cases of carbuncular boils treated by the same method, has proved to me that the action of this remedy is so definite and so constantly beneficial that I have no hesitation in recommending it to the favorable notice of the profession."

In the *New York Medical Journal*, January, 1871, we find the resumé of an article upon "Carbolic Acid as a Remedy in Carbuncle." "Case 50 years of age. When Dr. Nott first saw him there was carbuncle with several honey-comb openings in the centre and surrounded by the usual inflammation and hardness, covering a space about the size of the palm of the hand. It was very painful, presented all of the characteristics of a severe carbuncle, and Dr. Nott thought that the patient would make a good escape if he got off with a slough as large as a silver dollar. Dr. Nott made a deep incision into it about an inch and a quarter and stuffed it with cotton saturated with pure carbolic acid. He also painted the whole surface of the hardened mass with the acid. The patient complained of a sharp burning sensation for a few minutes, when the pain completely subsided, the cuticle, by the next day, came off and the surface looked like a burn. In a week there was nothing to treat but a small wound made by the knife and the acid. Three other small carbuncles commenced an inch or two from the large one; they were all treated by incision and acid and they all aborted."

Dr. J. T. Woods, in an article entitled "Anthrax," in the *Toledo Medical and Surgical Journal*, December, 1880, page 446, in speaking of the use of carbolic hypodermatic injections in carbuncle, says: "In making this suggestion which, so far as I know, is new, I am con-

scious of the insufficiency of my cases, but I am so sure of its efficacy that I shall resort to it when case and occasion offer, and advise others to do so, at least until the value of the measure is determined. In conclusion, I would advise the use of pure acid only and to complete saturation. Dilution would increase, if not create danger of absorption of the acid, converting a simple procedure into a condition of great danger and insufficient quantity, defeat the purpose for which it is used."

Dr. N. B. Kennedy, of Hillsboro, Texas, in a paper read before the Texas State Medical Association, April, 1881, and published in the *Texas Medical and Surgical Record*, December, 1881, entitled, "The Hypodermic Administration of Carbolic Acid for the Cure and Removal of Foul and Ill Conditioned Ulcers, both Internally and Externally Situated, Poisons, Bites, Hemorrhoids, Carbuncles and Tumors," says: "I wish to offer for your consideration on this occasion, some of the conclusions I have arrived at during a period of three years, in the administration hypodermically of carbolic acid for the cure and removal of ulcers, poisonous bites, carbuncles and tumors."

Dr. C. H. Wilkinson, of Galveston, in *Daniels Texas Medical Journal*, Nov., 1885, in a paper entitled, "Carbolic Injections in the treatment of Carbuncle," says: "The subject I have chosen to present for your consideration this evening is one that I have given special and unremitting attention to for the past six or eight years. In its presentation, therefore, I can confidently claim originality in its conception, and prolonged study in its evolution; furthermore I will be brief as possible in its rendition."

From the foregoing you will see that the methods of application of the acid by Drs. Eade and Nott differed from those of Drs. Woods, Kennedy and Wilkinson, who used it hypodermatically, and you must draw your own conclusions as to priority.

In 1868 carbolic collyria was used in strumous ophthalmia by Dr. E. C. Markey, London.



In the Charing-Cross Hospital it was used for favus, prurigo, scabies, syphilis, burns and wounds in 1869. Also for charbon during the same year, and by Dr. Neumann, of Vienna, in vegetable parasites and diseases of the skin.

In 1871, Dr. Pennefeather, of London, suggested it for otorrhœa, and Dr. Biny, of Bonne, as a wash for pruritus.

In 1874, the *Indian Medical Gazette* reports its use in intermittent fever and Aufrecht, of Madgeburg, used it hypodermatically in erysipelas.

In 1882, Dr. Morst K. Taylor, U.S.A., suggested its use as a hypodermic injection in buboes, etc.

In 1884, Stadfelt, of Copenhagen, wrote in its favor as a vaginal wash in midwifery.

In 1885, it was used by Deculapy, of Paris, in ague, hypodermatically, and by Paul, of Paris, by inhalation in pulmonary gangrene.

The list of diseases that this remedy is apparently applicable to, is as numerous as their pathological conditions are varied, and one would almost imagine that it was the long lost philosopher's stone, but the failures that have followed in the wake of its use would dispel that illusion.

Dr. Ed. T. Reichert, of Philadelphia, in a paper in the *American Journal of Medical Sciences*, 1874, entitled "Contributions to the Study of Cardiac Depressants, I. Carbolic Acid; a summary of fifty-six cases of poisoning, with a study of its physiological action," comes to this conclusion: "While there can be no doubt that carbolic acid acts ultimately as a direct and decided cardiac depressant and causes death very frequently, if not in the large majority of the cases in this way."

"The feeble, frequent pulse, so frequently noticed in man, is strong evidence of a decided depressant action on the heart, as also the slow and feeble pulse which, at times, has been noted." And again he says: "Several experiments which I recently performed in connection with blood pressure, indicate that large doses of the acid, intravenously injected, cause immediate cardiac paralysis."

In the *American Journal of Medical Sciences*, July, 1880, p. 295, I find the following, which I beg leave to quote under the head of "Carbolic Poisoning:"

"A sufficiently large number of cases have now been collected to establish beyond doubt the toxic influence which carbolic acid, used antiseptically, can at times exert. So long ago as 1875 Tar-dieu called attention to this important fact and gave particulars of fifteen cases, which up to that date had come under the notice of either himself or observers. Since then the number of recorded cases has so largely increased that their consideration from a surgical point of view has become of the utmost importance. Poisoning by carbolic acid, applied externally, may occur under two different forms. It may be sudden and without apparent cause, the patient sinking rapidly after the application of the dressings."

"Küster, of Berlin, has related five of such cases. He opines that many of the so-called cases of death from shock, or collapse after operations, are really due to neither more nor less than the carbolic acid employed."

"The second form is the more insidious and the more common, and therefore possesses more interest for the surgeon. In it the symptoms show themselves only after a certain interval of time has elapsed. A patient after operation will perhaps improve for some days or weeks. He will become restless, his temperature will rise three or four degrees above normal, symptoms of apparently incipient septicæmia will develop themselves, and will in all probability be met by a more vigorous employment of antiseptic methods. The condition of the patient, however, becomes daily worse. Nausea, loss of appetite, giddiness, clonic spasms, great prostration, with coma, and even death may close, and indeed, has already too often closed the scene. In many of these cases there is no room for doubt as to the cause. It has been shown many times that when recovery has taken place, the improvement in the symptoms has coincided in the most marked manner with the cessation of the use

"of the carbolized dressings. On the other hand, it has been noticed that the symptoms have always become aggravated shortly after the dressings have been applied." And again we quote from the same: "It should not be forgotten that the mere quantity of the acid used affords no criterion as to its probable effects."

In fact so well known are the toxic powers of carbolic acid that it is frequently the agent of determined suicides, they knowing that there is a lack of antidotes for poisoning by it, and that death is almost certain, and it is only the fear of the great punishment and torture received during its course to a fatal termination that prevents its more frequent use.

The diagnosis of carbolic acid poisoning is comparatively easy. In addition to the symptoms heretofore enumerated, the odor of the breath, stains, either white or brownish, on the lips, and the smoky or black urine assist you in your judgment.

Lemaire noticed that in these cases a portion of the acid was eliminated by the lungs, and Stephenson demonstrated the fact that the smoky or black urine was not due either to the coagulation of albumen, to oxidation of the iron in the blood or to destruction of the blood corpuscles, but to a carboniferous deposit, probably due to changes in the carbolic acid itself.

Death frequently occurs, and some writers attribute its occurrence to asphyxia, heart failure or shock; others to progressive paralysis of the vital nerve centres. Taylor believes (*Phila. Med. Times*) that his case died from the effect of paralysis of the pneumogastric and sympathetic nerves, which brought about a cessation of functions of all the important organs. After death the lesions are usually well marked.

"To Lemaire (1860) belongs the credit of applying carbolic acid with the definite purpose of preventing gangrene, ulcerations, etc., by killing the germs he believed causative of these lapses of nutrition. Thus he applied it in anthrax, having discovered in the pus from that disease animalculæ, and with

"the intention, we infer, of killing the germ to which he attributes anthrax. He used it in ulcerations, abscess, cancers, besides in various skin diseases, especially those of a parasitical origin. His theory stands forth in his practice against the more hidden disorders, as intermittent fever."

In conclusion, I find that while carbolic acid is a potent remedy, giving frequently decided results, yet, owing to its depressant action upon the heart, is as unsafe in the hands of the expert as with the tyro, and often proves as treacherous in the hands of the one as the other.

### CYCLE OF TÆNIA SOLIUM.

BY A. D. MANSFIELD, OF BALTIMORE, MD.

Student in the University of Maryland.

*Tænia solium* of the class Platyhelminthes and order Cestoda, is the parasitic animal, generally found in the small intestine of man. The *tænia* measures in length about three or four metres and each proglottis, i. e., the ripe proglottides measure from eight to ten mm. in length and five or six in width.

The tapeworm has neither alimentary canal nor circulatory system because neither is needed for its maintenance. The absorption of the fluid takes place by endosmosis into the parenchyma of the animal. This worm is divided into many segments known as strobilæ, which, as we pass downwards from the scolex, become larger and larger. Each segment, when fully matured, is separated from the main portion of the parent, and leads an independent life for some considerable time. Each proglottis is hemaphrodite, the female generative organs being a yolk gland or vitellarium, vagina, receptaculum seminis, ovary, shell gland, and the uterus; the male generative organs consisting of the testes and vas deferens.

Each segment possesses a generative cloaca having the vagina and the vas deferens opening into it, though the one empties into it higher up than the other. In each alternate segment we have the cloacal opening



on the same side, therefore, we have the cloaca first on one side then on the other. Each segment has an outer covering of dermis and beneath this muscular walls by means of which it can contract. The excretory apparatus consists of two longitudinal tubes running the whole length of the body and connected by means of a transverse canal at the scolex and a transverse canal in each segment.

The nervous system is quite simple, consisting of two lateral nerves connected at the scolex by some commissural fibres. As I have already stated there is neither alimentary canal nor circulatory system. A few words as regards the scolex, the means of attachment, in the first place the head is rounded or cylindrical, and only deserving the name of head on account of its external appearance; well situated at the tip of the head on the rostellum are two rows of hooks; this rostellum is merely a prominence, and situated around the head are four muscular suckers, something similar to that found in some of the cyclostomata.

Where the segments are ripe they are separated from the worm and thus maintain an independent existence for awhile and are capable in themselves of propagating the species. The male element is developed before the eggs are ready for fertilization and hence the seminal receptacle is full, when the eggs become ripe. The duration of abode of this segment in the present host is variable and depends largely on circumstances. It may, however, remain for a considerable time, but at any rate the segment and the ova pass out together, and the ova falling either on some plant or other article of food, or even in the water, generally find their way to the stomach; of course animal, either carnivora, herbivora or omnivora. The changes in the present host are extremely interesting and demand considerable attention. The ovum is enveloped by a capsule and contained therein is the embryo *tænia* or more properly the embryo *cysticercus*. This egg capsule being dissolved by means of the gastric juice, the embryo is thus liberated and by means of six hooks which can be moved toward and away from each other, the embryo is able to

penetrate the gastric wall, and when once in the blood is carried along the blood channel passively until some obstruction is encountered, most likely a capillary vessel either in the brain, kidney or liver, or even in the muscle.

When the embryo has once taken up its abode there it stays until dislodged by removal of the part and if the part be never removed the *cysticercus* remains there until the death of the animal in which it is sojourning.

This *cysticercus*, or bladder worm, differs from the embryo in the fact that the hooks are all lost and encyst itself, developing within the armature, together with the scolex of a future tapeworm. This bladder worm, as it is called in this state, is attached to the tissues surrounding it by means of hollow tubes being thrown out with means of attachment upon the end.

Thus the *cysticercus* may remain for a long time but as soon as the flesh or part containing it be taken into the stomach of another animal, usually the vertebrates, the cyst is dissolved and the embryo tapeworm is liberated.

Passing down the small intestine it becomes attached to the mucous lining, and there remains until dislodged by the *tæniæfuge*. Naturally the conclusion is drawn that only the expulsion of the scolex will give permanent relief, for any number of the cast-off proglottides are as nothing if the head still remain in the canal and attached thereto. The tapeworm must be expelled *cum capite*, and then, and then only does the host feel relieved by the departure of this most unwelcome guest. The rapidity with which these *tæniæ* segment is enormous and some may attain lengths beyond ordinary credence.

The preliminary treatment is of considerable more importance than the medicament itself, for by the *tæniæfuge* nothing can be accomplished unless the parasite be uncovered and exposed to the action of anthelmintics, the segments in any quantity may be expelled, but if the scolex remain attached we have fallen far short of giving the patient any permanent relief. It has been said, and said truly, that

an "ounce of prophylaxis is worth a pound of therapeutics." So it is that if we have our food properly cooked we may be pretty sure that the embryo tænia will be killed during the process. However, after it has entered we must expel it and the best method is, perhaps, that of Trouseau and Pidoux. "On the first day a strictly milk diet; on the second 3i of the oleo-resina aspidium in four doses, with fifteen minutes interval between each; on the following day the same doses with the same intervals, followed by fifty grammes of syrup of ether, and an half hour later an emulsion containing oleum tigllii gtts ij." Another very good method is for the patient to fast for two days abstaining from food as much as possible, only taking some bread and milk, the intestinal tract being thoroughly purged and on the third day the anthelmintic administered and followed by another purge.

The evacuation must be thoroughly examined for the scolex, that is absolutely essential to permanent relief, and if not found must be expelled by a repetition of the tæniafuge. An emulsion of 3 ss oleum terebinthiæ.

Another excellent remedy is the oleo-resin of aspidium in doses of 3 ss.—3 ij. Tannate of pomegranate in doses of grains v.— $\mathfrak{D}$ i, with quite good results.

The most rapid and most efficacious remedies is an emulsion of the seed of a fresh pumpkin. The fresh seeds are pounded or boiled in an half pint of water (3 ij seeds) and the whole taken at a draught, husks and all, and this should be followed by a dose of castor oil.

### Correspondence.

#### TREATMENT OF DYSENTERY.

ROCKVILLE, MD., Nov. 8, 1888.

*Editor Maryland Medical Journal :*

DEAR SIR:—This section has just passed through an epidemic of dysentery, and it fell to my lot to treat a good many cases. Not finding anything in the books at my command on which to

base my treatment—it was altogether experimental. So I thought I would give my experience for the benefit of those who might be similarly circumstanced. The lower bowels form a reservoir for fœcal matter, just as the bladder does for urine, and an acrid condition of the contents of the small intestines will bring on an attack of dysentery as surely as the same condition of the urine will bring on an attack of cystitis, and it is just as important to use purgatives until one disease is conquered as it is to use diuretics in the other until that disease is conquered.

When I came to view dysentery in that light, my treatment was rational and the result perfectly satisfactory. The first patients I had during the epidemic I treated with opium, in some shape, almost exclusively. To some I gave ten grains of Dover's Powder every four hours, and to others one grain each of opium and camphor, made into a pill, and given at like intervals; but there was no permanent improvement in these cases. In fact, the character of the discharges was worse at the end of two weeks than at the beginning. I then began prescribing cathartics of various kinds, and have decided that mercury is the best, in the shape of calomel or blue mass, no matter which. I generally used the latter combined with a little opium. I put the opium in to prevent pain and to act as a stimulant. Whiskey, I think, aggravates the disease. Care must be taken not to put in enough opium to prevent the purgative action of the former. After several weeks experience I settled upon a pill containing half a grain of opium and two of blue mass. I gave one of these every four hours until all the glands that pour their contents into the alimentary canal were stimulated to free action.

The old-time writers thought that dysentery was rheumatism of the bowels. However that may be I know not; but salol in my hands has shortened the duration of the disease very much. I attributed the good it did to its laxative and antiseptic properties.

EDWARD ANDERSON, M. D.



## Society Reports.

## BALTIMORE MEDICAL SOCIETY.

STATED MEETING HELD OCTOBER 22, 1888.

Vice-President KING presided.

*Dr. Geo. H. Rohé* presented a specimen of

## BLOODY URINE TAKEN FROM A HÆMOPHILIC PATIENT.

The parents of the patient under consideration were both healthy. The father died a year ago of cancer of the stomach. The mother is still living. In neither was there any indication of hemorrhagic diathesis. There were five sons. One died six years ago of typhoid fever. Four are living. Two have suffered from boyhood from hemorrhage from the urinary organs. Both have suffered from pains in the joints, supposed to be rheumatism. In the one under consideration there is at times dull pain (though sometimes severe) over the kidneys but without symptoms of renal colic. For three weeks he has been passing bloody urine. The specimen shown is lighter than usual. His urine was examined microscopically by *Dr. N. G. Keirle*, who found blood corpuscles. *Dr. Rohé* then outlined the literary history of the disease, exhibiting a gynecological chart of the Memphis family of bleeders taken from *Klebs' Pathology*.

*Dr. Rohé* then examined the urine before the society, with the following results:—Sp. gr. 1026; reaction, acid, albuminous. The amount passed daily is normal or slightly less in quantity. He was unable to decide whether the hemorrhage was from the kidneys or bladder or both. The blood was intimately mixed with urine leading to the inference that it was from the kidneys. Clots were occasionally passed. He has had a hemorrhage about once a year but never so long in duration as this one. His swollen knee was probably due to effusion from the blood. The family history exhibited no other cases, as far as he could ascertain. A peculiarity of the

disease is that it is transmitted through the female but manifested in the male, about one woman to twelve men being affected. A bleeder does not bear bleeders but his daughters will.

*Dr. J. T. King* asked *Dr. Rohé* if menstruation has not some effect in the woman's escaping the trouble.

*Dr. Rohé* said it has been thought so by some. He gave gallic acid to control the hemorrhage. After a week's administration of gallic acid in five grain doses, with one grain of quinine every three hours, the hemorrhage ceased, and two weeks later the patient was well.

*Dr. Kremien* related the following case: A stout man, aged 63; temperature 101.8; pulse 125. Diagnosis, congestion of the liver, afterwards noticed the dark color of the urine. Its sp. gr. was 124½. Albuminous. Microscopic examination showed blood. A few days after there was bleeding from the leg and afterwards from the nose. There was inability to pass urine. Drew it off and found blood and pus in it. Put him on sp. æth. nit. and aq. camp. Recovery. On the third day of his trouble he had congestion of the brain and was delirious. In the course of six hours gave him four doses of morphia gr. ss. each. He was still delirious, jumping up and down. Gave him chloral hydrate, gr. xv. and sod. bromid. gr. xxx. Afterwards gave him a hypodermic of morphia when he slept till next day. Since then he has had usual hemorrhage every two weeks. Put him on tonics.

*Dr. John Neff* stated that he had an inveterate case of sciatica, which, after wrestling with for some time, he turned over to a friend for electrical treatment. Various currents had been used with no permanent good results. The patient got better for awhile but is now worse. He has given all the remedies he could devise and he desires some suggestions as to other treatment. The patient has been sick for two years, off and on, but badly for eight months. It is confined to the left side. The patient is quite healthy in other respects.

*Dr. Geo. H. Rohé* said that subcutaneous nerve stretching has been practised, with generally good results, in the City

Hospital for several years. It was more successful in chronic than in acute cases. He cited several cases and illustrated the method.

*Dr. E. G. Waters* said *Dr. Rohé's* case recalled to him one—a Jewish boy, eight or nine years of age. He did not see him professionally. The second attack came on from a slight abrasion of the scalp, not larger than a nickel. It had continued for fourteen days but had nearly stopped when he saw him. He thought it might be of interest as the Hebrew race is exceptionally healthy. In this case both attacks followed slight abrasions. He thinks *Dr. Rohé's* treatment admirably adapted to the trouble. He recollects a case of hemorrhage from nose, gums and bladder, easily controlled by tannic acid. It is not apt to recur when controlled by hæmostatics.

*Dr. Pennington* coincided with the views of *Dr. Waters*. He, however, thinks gallic acid more acceptable to the stomach and less apt to constipate than tannic acid. All the cases he can recall, where there were slight hemorrhages, were of males.

*Dr. Geo. H. Rohé* said everybody will recall how frequent nose-bleeding is among boys and how rare among females.

*Dr. Kremien* referred to a case in which *Dr. Tiffany*, in a case of bilateral sciatica, had stretched the nerve, affecting a cure. *Dr. Kremien* related a case of subinvolution of the uterus with prolapse. There was also endometritis. Put her on uterine alteratives and tonics, ordered hot water injections and kept the womb in place by a pressary. Used intra-uterine applications for the endometritis. The woman had been going about, for seven months after parturition, in that condition before going to him for treatment. She also had an ulcer on the cervix.

HENRY B. GWYNN, M.D.,

Record. and Repor'g. Sec'y.

The first lecture of a course on bacteriology, by the director of the Hoagland Laboratory, *Dr. George M. Sternberg*, was given last Saturday evening.

## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD OCTOBER, 19, 1888.

The 214th meeting was called to order by the President, *Dr. Geo. H. Rohé* in the chair.

*Dr. Rohé* on taking the chair thanked the society for the honor it had bestowed on him in electing him as their President. He spoke of the good work done by the society in the past and said that he hoped that it would continue in the future. He urged the members to assemble punctually so that the work could always begin at the specified time.

The following names were elected to membership:

*Dr. H. T. Rennolds*, 722 Aisquith St.

*Dr. L. F. Ankrum*, 4 S. Broadway.

*Dr. Cary B. Gamble*, Cathedral and Eager Sts.

*Dr. A. V. Wendel*, Maternité Hospital.

*Dr. Randolph Winslow* reported

A CASE OF HYDRO-SALPINX AND CYSTIC OVARY AND SHOWED THE SPECIMEN.

The patient was white—aged 27 yrs., married and the mother of one child 4 years of age. She had had leucorrhœa for two years, followed by pains in the left side. This gradually became worse until finally she became bed-ridden. He decided to open the belly and the above condition was found in the ovary. The operation was done in the usual way. The diseased ovary was removed and the patient made an uneventful recovery.

*Dr. William Rickert* said that the case of *Dr. Winslow* was a most interesting one and he was very sorry the doctor had not reported it in writing. The field of abdominal surgery is so interesting that such cases always add value to it. The description by *Dr. Winslow* is small, but the operation itself is great and he hoped to see a fuller statement of it in the future.

*Dr. H. E. Knipp* read a paper on

LEUCOCYTHÆMIA WITH THE REPORT OF A CASE.



(See MARYLAND MEDICAL JOURNAL, Nov. 17, 1888; page 41.)

*Dr. I. E. Atkinson* said that *Dr. Knipp* deserved credit for the industrious manner in which he had worked up his case. This trouble is a very interesting one and the influence that malarial poisoning has on its cause is a point to be well considered. The two troubles are frequently associated. He remembers the case of *Dr. Knipp's* and his history of it is a correct one. The only true means we have of diagnosing this disease is the microscope. We may have leucocythæmia where the glands are not enlarged. Again they may become so and fade off into a pseudo-variety or Hodgkins' disease. He had seen a man, aged 45 years, whose glands were enlarged all over his body. There was no debility, but he had to give up work on account of interference with respiration, due to the rapid enlargement of the intra-thoracic glands. He also referred to malarial poisoning in its relation to the disease and spoke of pernicious anæmia in the same connection.

*Dr. W. B. Canfield* said he had not seen *Dr. Knipp's* case, but had examined blood from it microscopically on several occasions and thought that the red and white blood corpuscles were about equally distributed.

*Dr. H. E. Knipp* in closing replied to the question of *Dr. Keirle* in reference to the condition of the liver. He said it was impossible to get a thorough post-mortem examination and for that reason he was unable to state the exact condition of that organ, consequently he could not report on it.

### Correspondence.

#### NEW YORK LETTER.

AMERICAN ACADEMY OF MEDICINE—ELECTION OF OFFICERS—ANNUAL DINNER—POST-GRADUATE SCHOOL—POLYCLINIC—PHONOGRAPH—AUTHORS CLUB—PROGRESS IN NEW YORK.

*Editor Maryland Medical Journal :*

The American Academy of Medicine

has just closed its twelfth annual session, and much more spirit and enthusiasm has been manifested than at previous meetings. The membership, which numbers about 350, has been increased at this meeting by the election of 90 new members, of whom five are women. *Dr. Leartus Connor*, of Detroit, Mich., made a report of the standing committee on the requirements for preliminary education in the various medical colleges of the United States and Canada. The President, *Dr. Frederic Henry Gerrish*, of Portland, Me., in his annual address, dwelt especially on the necessity of a liberal education on the part of medical schools. At least one-fourth of the medical colleges make no pretense at requiring a preliminary examination of students. *Dr. Connor*, after extensive correspondence and examination of catalogues, had found few medical schools in this country that honestly required and enforced a rigid preliminary examination of students. The papers of *Dr. James C. Wilson*, of Philadelphia, on "The Causes and Prevention of the Opium Habit and Allied Affections;" by *Dr. C. C. Bombaugh* on "The Multiplication of Useless Drugs," and by *Dr. C. C. Lee* on "The Necessity for Post-Graduate Institutions in the Present State of American Medical Education," were listened to with especial attention. They will appear in a later issue of the MARYLAND MEDICAL JOURNAL.

Among those present at the meeting were *Drs. C. C. Bombaugh*, *Lewis H. Steiner* and *William B. Canfield*. *Dr. Charles O'Donovan, Jr.*, was elected a fellow. For the next year the following officers were elected: *Dr. Leartus Connor*, of Detroit, president; *Drs. Peter D. Keyser*, *L. Duncan Bulkley*, *Theophilus Parvin* and *George J. Fisher*, vice-presidents; *Dr. Richard J. Duglison*, secretary and treasurer, and *Charles J. McIntire*, assistant secretary. The next annual session will be held at Chicago, when, for the first time, five women physicians will attend.

The dinner on Tuesday night was well attended and there were just enough speeches to make it pass pleasantly.

In *Dr. C. C. Lee's* address on post-

graduate education he referred to the success of the Post-Graduate School of New York, in which he is a professor. Late in the day I had an opportunity to visit that school and was pleased with what I saw. It is an institution that is growing more rapidly each year and is making its influence felt both in and outside of the city. I was pleased to see its extensive facilities, its large and well-equipped laboratories, its plentiful clinical material, and, above all things, the large classes of students of whom all are, according to the law of the school, graduates in medicine. Owing to want of time, I could only spend a short time there, but I was repaid by the very interesting lecture of Professor Henry Dwight Chapin on "Diphtheria." His lecture was delivered in a clear style and was exceedingly well thought out, and showed an advance over the lectures ordinarily given to undergraduate students, and the post-graduates, many of them men past middle age, who have come from different parts of the country to New York to "brush up," made good use of their opportunity by taking careful notes.

The Polyclinic, like the Post-Graduate School, is a school to furnish clinical demonstrations for the better practical instruction of graduates in medicine. Its faculty is strong and its facilities great. I am certain that a post-graduate school in Baltimore would meet the requirement of many medical men young or old and I hope Dr. Lee's paper will show its necessity in this city.

The phonograph is attracting a great deal of attention now and some physicians hope it will be of practical advantage in reproducing certain sounds in physical diagnosis to a class. I was invited to the Union League Club on Thursday night to see the phonograph of Edison and the graphophone of Bell. I can understand how they can reproduce very delicate sounds as I could hear every shade of intonation in the voices of the different ones who spoke in it. Later in the same evening I went to the Authors Club which meets every first and third Thursday evening at the rooms, where I met a large number of

literary men and authors. Dr. Weir Mitchell, of Philadelphia, is the only physician in the club.

On the same evening the New York Academy of Medicine celebrated its forty-first anniversary. Dr. D. B. St. John Roosa delivered the anniversary address to a large audience.

Physicians from the South, either at the beginning of their practice or later on, have a tendency to drift toward New York, some to visit, others to remain. Among the Baltimore doctors who have become New Yorkers are Drs. William C. Jarvis, Walter B. James and William Terrell Dawson, and I believe Dr. Nathan R. Gorter is soon to join these few.

New York offers one decided advantage over all other cities to a young man. It is hard to get a start and the struggle is severe but progress in the end is much more rapid in many cases, notwithstanding increase of expense. Youth alone is no obstacle to success. Of course, a man must show himself to be of some value here as everywhere else, and I do not mean that every able man succeeds, but the absence of conservatism and the fact that one is not so much hampered by social and professional conventionalities, put success on a more natural and just basis. I believe a man is rated much more at his true value here than in many places.

**SUICIDES IN FRANCE.**—Statistics recently published show that the total number of suicides in France for the past twelve months is 7572. Of these, one-fifth were in and around Paris. Poverty appears to have caused only 483 suicides throughout France, and this number includes a morbid fear of impending misery without actual privation. To mental aberration 1975 cases were traced, and 1228 to physical suffering. Among the moral causes domestic troubles comes first, and alcoholism next. Disappointed love and jealousy caused respectively 200 and 27 cases, and dislike of military service 25. The suicidal month of the year is July, and it is noteworthy that since the establishment of the *fête* on the 14th suicides have increased.—*Lancet*,



## MARYLAND MEDICAL JOURNAL

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BALTIMORE, NOVEMBER 24, 1888.

**Editorial.**

LEPROSY IN NEW ORLEANS.—It has been the custom to look upon leprosy as a disease which could never become prevalent in the United States. We know that it has been brought to America at times by foreigners, or has attacked them after their arrival in this country, but, believing that native Americans were seldom or never attacked, preventive measures here have been considered unnecessary. This feeling of security has been encouraged by the teachings of certain physicians who have sought to prove that leprosy is in no sense contagious.

The article of Dr. Blanc (*New Orleans Medical and Surgical Journal*, September to November, 1888) is, therefore, worthy of attention. He relates in detail 42 cases of leprosy seen by himself and two other expert physicians in New Orleans. In all these cases macules or tubercles or both were present with anæsthesia. Thirty of the forty-two were natives of the United States. Dr. Blanc is convinced that leprosy "is undoubtedly increasing in New Orleans—slowly but steadily." His experience leads him to believe that the disease is not only hereditary but also contagious in somewhat the same manner as syphilis. He

urges above all things compulsory isolation at public expense of all known cases of leprosy. His remarks on the treatment of the disease are instructive. Together with hygienic measures he obtained the best results from chaulmoogra oil internally in doses varying between ten drops and one drachm three times a day. Under this treatment 31 patients improved so rapidly that, although certain symptoms remained, nearly every erythematous and disfiguring spot had, after six months, disappeared.

Unna's resolvents ichthyol, pyrogallol resorcin and salicylic acid proved useless when applied to the face, but, made into a paint for the body with traumaticine or flexible collodion, they were of great value. Gurjun oil was not fairly tested. In one case syphilis and leprosy were both present, each yielding to its own proper treatment. Among the patients were a washerwoman, a nurse, a cigar-roller, a grocer, two cooks and two school children. Dr. Blanc's desire for the isolation of these patients can, therefore, be appreciated.

THE MEDICAL TREATMENT OF THE AGED.—One of the first lessons which the practitioner has to learn, is that old people—say those over 60 years—must not be heavily dosed with drugs.

Of course some patients between 60 and 70 are as vigorous as the ordinary patient between 40 and 50 and bear active treatment as well, but still the rule holds good, that, when the sixtieth birthday has gone by, the patient acquires a right not only to respectful treatment by the public, but likewise to gentle handling by the physician.

The wise practitioner will, from this age on, guard carefully against overtaxing and disordering the stomach with his drugs, knowing that if this organ once fails him, it will be no easy task, as in past years, to coax it back again to its work. He will remember that on account of the feebleness of the nervous system, which is brought about by old age, the symptoms of disease may be greatly exaggerated, especially in the direction of mental depression and restlessness.

So that illness, which resists all drugging and seems certain to destroy life, will oftentimes yield readily to prolonged rest in bed, careful and frequent feeding and the cheerful society of a judicious nurse.

The age of the patient should be the guide, rather than his apparent strength when in health, for an aged patient who is hale and possessed apparently of all the vigor of youth, will sometimes, under doses of remedies which were easily borne in middle life, exhibit a sudden depression of bodily powers which is truly alarming.

In the treatment of this class of persons it is in many cases advisable, after the acute symptoms have disappeared, to stop all drugs except, perhaps, alcoholic stimulants and such innocent remedies as pepsin, and to trust to time and diet for the clearing away of remaining symptoms. This is especially necessary when disorder of the stomach is present.

To illustrate:—A woman, 80 years of age, suffers from a very slight evening fever, said to be somewhat worse every other day; she is treated with moderate doses of quinine under which the appetite begins to fail while the feverishness continues; she is then treated simply by diet, rest and perhaps small doses of pepsin, and contrary to all expectation she in time regains her health. A patient of 70 years is taken with a cough and slight fever, calls in a young doctor who treats the cough with expectorants—minute doses of ipecac etc.,—and the fever with quinine; she becomes more and more ill; an old hand takes charge, stops all treatment save a very mild sleeping-draught at night, and the patient at once shows improvement in appetite although the cough and fever persist for a time, and with gentle tonics regains gradually her wonted vigor.

Happy the physician who learns this lesson in his youth; happy the patient who in the many disorders of his declining years, can call to his aid one who to a thorough knowledge of therapeutics has added a profound respect for those four great restorative agents, the vital force, the hand of time, quiet of mind and body, and nutritious food.

PHYSIC TIPLING.—In the report of the Pennsylvania State Board of Health for 1886, Dr. Frank Woodbury contributes a short but interesting warning against intemperance in the use of drugs. The increase of physicians and the more general dissemination of a superficial knowledge of drugs and medicines has caused an immense increase in the consumption of drugs, and then aside from the proprietary and quack medicines, customers ask for medicines at drug stores or even write their own prescriptions. Men step into the pharmacy "the next morning" and order a dose of "sober up" medicine. Prescriptions containing alcohol in a palatable form are often as frequently repeated as the patient's means will allow, and various forms of wine and iron or tonics in some form are consumed on account of the alcoholics contained. On account of our fast life about 200 tons of bromide of potassium are used in this country alone, and Liebreich may probably regret the day he discovered chloral. The law has decided that the prescription belongs to the patient, and, indeed, in some countries the prescription is always copied by the druggist and the original returned to the purchaser. This puts no limit to the number of times the prescription may be refilled for the person for whom it was originally intended, and also for as many of his friends and acquaintances whom he, in his ignorance, may suppose to have a similar ailment. In some states prescriptions containing powerful drugs, narcotics or posious, cannot be refilled without the physician's consent. This law is probably not enforced. Of course the druggists object to any law that would prevent the refilling of prescriptions without permission as that would cut off a large part of their income. Such a law would undoubtedly help physicians, but it would much more help the patients, prevent abuse of drugs and the formation of opium and other habits.

### Miscellany.

MUSIC IN MEDICINE.—From the time when medical knowledge was first embodied in rules of practice, and probably



from a much earlier period, music has held a recognised place in the treatment of disease. Though lauded in connexion with the most diverse maladies—for example, with gout and insanity,—it has for obvious reasons been chiefly effective in dealing with certain forms of nervous disease. This is only what one would expect from its natural action. It cannot be named along with many drugs in point of apparent accuracy of result. Its place is not in any ordinary catalogue or pharmacopœia. It belongs rather to that group of natural recreative forces which are active in every healthy life, and which operate against the morbid weakness of any part by increasing the vigor of the whole. In so far as it affects the body, it must clearly do so only through the mind and the nervous system. This accounts for its known value in the treatment of mental disorders. Nor can its obscurer action in different physical states be otherwise explained. By acting as a refreshing mental stimulant and restorative it braces the depressed nervous tone and indirectly that of the other tissues. Thus there is something to be said for the old custom of exercising pestilences by the sounds of music. Calmed and inspired by harmony, the tonic energies of will and nerve combined to oppose a wholesome bodily tone to the invading scourge, and to prevent that tissue laxity which has often provided the nidus of disease. A similar process is relied on by those who turn to music, among other diversions, for some relief from the pain of atonic neuralgia. In no class of diseases, however, are we likely to derive so much benefit from the use of so pleasant a remedy as in those affecting the mind itself. In melancholia and allied states of depression its value is generally admitted in our own day. Ancient practitioners were also cognisant of its usefulness in this respect. We must all have felt how suitable is its infinite variety and facility of expression to the changing moods of the sane, and it is, therefore, the less difficult to understand how straying minds are pleased and settled by its charm. Certain it is that its beneficial effect is in this case considerable, and our readers, though

possibly unable to acquire a knowledge of the art, should at least possess, and if needful assert in practice, a sense of its therapeutic value.—*Lancet*.

THE TREATMENT OF THORACIC ANEURISM.—Prof. Sée, of Paris has recently given an account of the result of the treatment of twenty-four cases of thoracic aneurism under his care. The treatment employed in the majority of the cases reported was a combination of the iodide of potassium with antipyrin. In twelve out of seventeen cases treated after the manner described there was a considerable reduction in the size of the tumor, and a disappearance of the painful and distressing symptoms so frequently present in cases of thoracic aneurism. It is claimed for the antipyrin that it greatly assists the action of the iodide of potassium—that it calms the circulation and therefore tends to promote coagulation in the sac. Our knowledge of the action of antipyrin on the circulation is as yet in a very imperfect state, and from what we do know it is doubtful whether the claims advanced for this agent by Sée are likely true. Antipyrin has no doubt an influence, when given in full doses, of increasing the blood pressure. This action, instead of promoting, would certainly retard the coagulation of the blood in the sac. No doubt good indirectly will follow the use of antipyrin in relieving pain, but it may be a two-edged weapon, and until our knowledge of its action is more precise, its administration in aortic aneurism should be very carefully watched.

It appears to us to be more clearly proved that the action of the iodine of potassium in aneurism is brought about by its lowering influence on the blood pressure, and to combine it with a drug (antipyrin) which increases the pressure is very empirical work. Sée points out the great advantages of the potassium over the sodium iodide in these cases. This is evident when we remember that it is the potassium and not the iodine which is the active vascular agent.—*Montreal Medical Journal*.

**CREOLIN AS AN ANTISEPTIC.**—A detailed series of experiments has recently been made in the Vienna Hygienic Institute by Eisenberg on the antiseptic properties and practical utility of creolin. The experiments were performed by mixing a certain percentage of the antiseptic with bouillon-cultures of the organism, from which mixture, after a certain time, the presence of living bacteria was tested by a fresh cultivation free from creolin. It was found that a 2 per 1,000 mixture of creolin killed the cholera bacillus and the streptococcus of pus and of erysipelas within two minutes; the bacillus of anthrax was killed in five minutes, while the typhoid bacillus and the staphylococcus of pus were still alive after one hour. This last organism, as well as tetragenesis, was killed in ten to fifteen minutes by a 2 per cent. mixture. Compared with carbolic acid, it was found that a 3 per cent. mixture of creolin killed the spores of the anthrax bacillus in two days, a 6 per cent. mixture within twenty-four hours, while a carbolic acid mixture up to 8 per cent. had no effect on the spores within seven days. A similar comparative result was obtained with the hay bacillus and the superiority of creolin over carbolic acid was further shown by its greater power in preventing the growth of organisms in cultures. Creolin is not poisonous, as it may be given in large doses to dogs without deleterious effect. Eisenberg recommends its use in surgery in place of corrosive sublimate, carbolic acid, and iodoform. Späth has strongly recommended its use. He has applied it in the form of emulsion or a creolin gauze, and found that it stimulates the growth of granulations, and aids in separating sloughs without the production of any toxic symptoms. The urine does not present the green colour of carbolic acid urine, but tribromophenol may be separated from it on the addition of hydrochloric acid and bromine water.—*Brit. Med. Jour.*

**GLYCOSURIA FOLLOWING INTERMITTENT FEVER.**—Dr. P. M. Gubareff, of the Sebastopol Naval Hospital, reports an interesting case of diabetes following,

and apparently due to, repeated attacks of malarial fever. When admitted to the hospital, the patient had had for some months successive attacks of fever on board ship, having been previously to the first attack, perfectly well. He was found to be suffering from general oedema and a slight affection of the lungs, with great thirst and polyuria; the quantity of urine passed was 6000 cub. centim. per diem. On examination it was found to contain albumen, casts, and more than 6 per cent. of sugar; the temperature was normal, or nearly so. There was no rash or prurigo. The oedema soon passed away, and then the liver and spleen were found to be of normal dimensions. The patient subsequently complained of impairment of vision. Various drugs were given, with but little effect. The regulation diet, too, was ordered, but the quantity of urine and the sugar passed did not diminish in any great degree. Dr. Gubareff reports this case as an example of diabetes due to intermittent fever.—*Lancet.*

**BLENNORRAGIA OF THE NOSE.**—Dr. Firwe, of Christiania, says (*Centralblatt für Chirurgie*.) that in view of the rarity of blennorrhagia of the nose, due to the infection of gonorrhœal secretion, we must remember that we have in long standing discharge of pus from the nose, three etiological possibilities.

1. Foreign bodies, diseases of the bones and mucous polypi.
2. Secretion of pus from the antrum of Highmore.
3. Secretion of pus from the sinus frontalis.

Whether the pus comes from the antrum highmori or from the frontal sinus, the chances are in favor of the first, because it has been found by experience that empyema of the antrum is much more common than that of the sinus, and the latter apparently always gives local manifestations, while empyema of the antrum can cause discharge of pus from the nose as the only symptoms.—*Journal of Cutaneous and Genito-Urinary Diseases.*



**DISEASES OF CHILDREN.**—There are two or three points of great practical moment in the able address of Dr. Dickinson which we published last week. One is that infants and young children, whose brain doubles itself in weight the first two years of life, are more liable to non-tubercular meningitis than used to be thought. We all know, of course, the frequency of tubercular meningitis, but we are not so much on our guard against meningitis apart from tubercle. The second point we would notice is the greater liability of children suffering from acute rheumatism to have the heart affected, and the benefit of early and free use of alkalies in saving the heart. The third is the tolerance of belladonna in children, illustrated in a case mentioned by Dr. Dickinson, in which Dr. Fuller gave a girl ten years of age daily seventy grains of an extract of belladonna, a grain and a half of which acted unpleasantly on Dr. Dickinson himself.—*Lancet*.

**ANTISEPTIC INHALATIONS IN DIPHTHERIA.**—M. Paterne (*Bulletin Général de Thérapeutique*, October 15th, 1888). in discussing the treatment of diphtheria begins by saying that it is an infectious disease and consequently two elements are present, an infecting agent and an infected organism. The treatment of the disease, therefore, resolves itself into two things simply, to combat the pathogenic infecting agent and to strengthen the organism by tonics. The treatment ought to be an antiseptic general treatment as the disease is constitutional and not local. The three things necessary then are:

1. To saturate the air breathed by the patient with steam impregnated with antiseptic substances.

2. Feed up and tonic the patient as much as possible.

3. Never touch the throat and give no internal medication except the sulphate of quinine and the alcoholics.

The best antiseptics to be used are phenic acid or eucalyptus which should be poured into a broad metal dish under which a lamp is placed. The medicine thus impregnating and saturating the air of the room is easy of in-

troduction and sure of being absorbed quickly.

**TREATMENT OF RHEUMATIC TETANUS.**—Dr. Arnstein of Ratibor mentions in the current number of the *Therapeutische Monatschrift* a case of rheumatic tetanus occurring in a boy seven years old, who three days after getting wet through suffered from fever and rigidity of several groups of muscles. During the first fortnight the temperature varied from 38.5° to 39.0° C., and tetanic contractions of the maxillary muscles and also of those of the abdomen and back occurred. Chloral and morphia were given frequently and in large doses, but in spite of this the patient's sleep was very restless and disturbed by numerous attacks of muscular spasm. During the second week an infusion of hyoseyamus, belladonna, and conium, as recommended by Dr. Meldon of Dublin, was given, and immediately produced a marked effect, the attacks becoming less frequent and less severe. At the beginning of the third week the child contracted scarlet fever from his sisters; but this did not interfere with the improvement in the tetanic condition. He was convalescent in about six weeks.—*Lancet*.

**EFFECT OF LANOLIN ON MICRO-ORGANISMS.**—The results of Gottstein's experiments on this subject are thus giving in the *Deutsche Med. Zeitung*, Berlin: (1) The bacteria which effect a spontaneous decomposition of glycerine fats belong presumably to the class of anaërobes; a number of aërobe germs (even the putrefactive) perish on a medium containing fat. But the term of continuance of this retrogressive metamorphosis is decided by the proportion of fat to the other ingredients of the nutritive medium. (2) Free fat contains anaërobes for some days after it is exposed; but lanolin has under similar circumstances neither aërobe nor anaërobe germs. (3) Glycerine fats may be so impregnated with bacteria that the latter can pass through the fat to the lower-lying infectible substances, while lanolin cannot be permeated by bacteria. It acts, therefore, as a preventive of decomposition when laid over infectible substances.—*Brit. Med. Jour.*

**DOMESTIC ANIMALS AS VEHICLES OF INFECTION.**—It is reported from Chicago that a by no means inconsiderable local outbreak of scarlatina has been brought about by a cat, which acted as the means of conveying the infection. It has long been known that almost anything which can serve as a vehicle for carrying the desquamating epithelium of scarlatina patients may act as an intermediary between sick and healthy; and although recent study of the specific fevers tends to show that the period in which these diseases are most likely to be communicated is the acute stage rather than that of convalescence, it must be admitted that some of these diseases can be conveyed by such methods as the reception and subsequent discharge of infectious material from the coat of a cat nursed by patients. But that anything like an outbreak of scarlatina should be directly brought about by such a cause is contrary to experience, which goes to show that this disease is not often communicated from one person to another through the agency of a third party who is free from the disease; and it is far more probable that any extension of scarlatina in the case referred to was due to infection contracted directly from the first person to whom the disease was conveyed. But our main object in referring to the incident is to draw attention to the fact that the domestic animals do constitute a distinct danger to man, in so far as some of the specific fevers are concerned. As yet we know nothing about any disease in the cat which can lead to scarlatina in the human subject. But it is probably highly different as regards diphtheria; for a number of instances have been placed on record in which, whilst diphtheria has been prevalent in the human subject, a similar if not the same disease has been ascertained to exist amongst cats; and it is certain that in some prevalences there has been close association between the human sick and the affected animals. We are at present only just on the borderland of a wide subject—namely, that of the relationship of diseases of the lower animals to diseases in man; and we may possibly learn hereafter that, apart from the origin

of infective diseases in the lower animals, the latter may serve as media for communicating infections to an extent as yet not understood. Certain it is that the manner in which dogs, cats, and other domestic animals are at times fondled by those to whom they belong, and to whom they become attached, is not free from risk.—*Lancet*.

**BEER COMPARED WITH OTHER ALCOHOLICS.**—For some years a decided inclination has been apparent all over the country to give up the use of whiskey and other strong alcohols, using as a substitute beer and other compounds. This is evidently founded on the idea that beer is not harmful, and contains a large amount of nutriment; also that bitters may have some medical quality which will neutralize the alcohol which it conceals, etc. These theories are without confirmation in the observation of physicians. The use of beer is found to produce a species of degeneration of all the organs, profound and deceptive fatty deposits, diminished circulation, conditions of congestion and perversion of functional activities, local inflammations of both the liver and kidneys, are constantly present. Intellectually a stupor amounting almost to paralysis arrests the reason, changing all the higher faculties into a mere animalism, sensual, selfish, sluggish, varied only with paroxysms of anger that are senseless and brutal. In appearance the beer-drinker may be the picture of health, but in reality he is most incapable of resisting disease. A slight injury, a severe cold, or a shock to the body or mind, will commonly provoke acute disease ending fatally. Compared with inebriates who use different kinds of alcohol, he is more incurable and more generally diseased. The constant use of beer every day gives the system no recuperation, but steadily lowers the vital forces. It is our observation that beer drinking in this country produces the very lowest kind of inebriety, closely allied to criminal insanity. The most dangerous class of ruffians in our large cities are beer-drinkers.

Recourse to beer as a substitute for



other forms of alcohol merely increases the danger and fatality.—*Scientific American*.

**COUGHING IN CHURCH.**—Whoever has attended a place of worship must have noticed that the storm of coughing which prevails therein and the throat clearing, which moves like a rabble of wrong notes before the church music, are not wholly natural phenomena. They are to a large extent avoidable evils bred of habit and thoughtless imitation, and their very desirable reduction is therefore by no means hopeless. Even where a basis of disease underlies the explosion a little self-control could usually do something to lessen its force or its frequency. The same is of course doubly true in the case of the merely habitual cougher. A variety of medicinal aids might, however, be used in support of such voluntary effects. There is, lastly, the option of refraining from the use of the voice in worship should every other means fail to assure that reasonable degree of quiet which is natural and decent in public worship. Remonstrance on the part of the officiating clergyman affords another possible remedy, and a preacher must indeed be often tempted to reprove this form of disturbance as much in the interest of his hearers as himself. Occasionally his judicious interference might be useful. We cannot doubt that it has from time to time been resorted to. It must be remembered, however, that nowhere are tact and temper so needful as in the pulpit, and that, however easy of use this corrective may appear, it would be unwise to establish any set method of restraint in a case where so much depends on personal discretion. A notice affixed at each entrance door would probably better answer the same purpose. In one respect, indeed, both clergymen and their lay assessors are open to some degree of blame in the matter. The arrangements for heating and ventilation are defective in almost every church. By seeking out and amending any evident errors in these respects the official members of a congregation would at least be doing what they could to abate the coughing nuisance.—*Lancet*.

**OBLITERATED SCALE OF CLINICAL THERMOMETERS.**—Many students and practitioners are inconvenienced by their clinical thermometers becoming obliterated. I found a good way to renovate them, in the American copying pencils so much used by students. To use them, the scale is to be first moistened, then the pencil is to be well rubbed in. When it has become dry, the superfluous coloring matter may be removed by a soft cloth, when the roughened markings of the scale will be found to retain the color which will last just as long as the original marking. I hope some of your readers may find this useful.—*Physician and Surgeon*.

**INDUCTION OF PREMATURE LABOUR.**—M. Bayet, interne in Prof. Kufferath's clinic in Brussels, describes in *La Clinique* an attempt made under the Professor's direction to induce premature labour by means of the so-called elypterygoid apparatus of Chassagny. This apparatus, about which a good deal of discussion has recently taken place in Belgium, consists essentially of a pig's bladder, which is folded up and introduced into the uterus, and subsequently distended by means of the injection of water, similarly to the "colpeurynter" which is used in German clinics. The patient in M. Bayet's case was a young woman of strong constitution, but with a rachitic pelvis, the conjugata vera being only six centimetres and a half, as measured by Van Huevel's pelvimeter. The woman was in the eighth month of pregnancy. M. Kufferath gave her the choice of having a premature labour induced at once, or of waiting until her full time, and then submitting to Cæsa-rean section, with the hope of bringing forth a living child. She naturally selected the first of these alternatives. With this object Chassagny's apparatus was introduced and allowed to remain for half an hour in the uterus; it caused, however, severe pain, and was extremely difficult to keep in its place, besides which it produced erosions in the vagina, causing a bloody discharge. Further attempts were subsequently made, but these proved so painful and caused so much ulceration and œdema of the vagina

that they had to be discontinued and the patient left alone for five or six days. These attempts to produce premature labour having entirely failed, a soft bougie was introduced, and in three or four days' time with a successful result. An attempt was made to deliver the woman with forceps, but the head refused to engage the brim. Tarnier's basiotribe was therefore applied, and the head crushed in all directions, after which extraction was easily effected. The patient made a good recovery. M. Bayet remarks that Chassagny's apparatus gave a very different result from that described by M. Hubert, who reported that he had been able to induce premature labour in an hour by its means. M. Bayet also remarks that it is impossible thoroughly to disinfect an apparatus composed of a pig's bladder, especially as it is necessarily introduced folded up, and therefore full of creases. Regarding the effect of the basiotribe, it is noteworthy that the child when born, legally speaking, alive, its respiratory and cardiac movements continuing, indeed, for about two hours, besides which it cried faintly. Of course, as the brain was completely reduced to a pap-like mass, life, such as it was, depended entirely on the medulla oblongata; still it is well to remember that in delivery by means of cephalotripsy it is possible that the child may be born "alive," and may therefore inherit property.—*Lancet*.

POTATO-POISONING.—A large number of soldiers were recently poisoned while on duty at one of the French fortifications. It is believed that the solanine in unripe potatoes was the cause of the sickness.—*Science*.

#### WASHINGTON NEWS AND COMMENT.

It is announced that Dr. John B. Hamilton will soon undertake the editorship of the *Journal of the American Medical Association*, published in Chicago. He will relinquish, therefore, his position as Supervising Surgeon-General of the Marine Hospital Service, and, what is of more interest to Wash-

ingtonians, the Professorship of Surgery in the Medical Department of Georgetown University. It is still a matter of doubt who will succeed to the chair of Surgery. The Medical Faculty has the power of election, and it is not unlikely that the present Professor of Clinical Surgery, Dr. Bayne, will be the successful candidate for the post. The wise policy hitherto displayed by this College in attaching to its Faculty men whose connection with hospitals assures liberal clinical advantages for its students, will no doubt, in the present instance, dictate the appointment of Dr. Bayne.

The students of the National Medical College have elected the following officers for the current year:—Mr. D. Howard Kincaid, President; Mr. H. S. Goodall, Vice-President; Mr. George W. Fitch, Secretary, and Mr. S. R. Means, Treasurer.

The report of the Central Dispensary and Emergency Hospital for October, shows that 744 new patients were admitted during the month; that there were 1820 visits; 14 operations; 52 emergency cases; 37 teeth extracted; 43 applications of electricity; and 2406 prescriptions compounded.

The last meeting of the Clinico-Pathological Society was held on Tuesday, November 20th. The Washington Obstetrical and Gynecological Society will meet on Friday, December 7th, with Dr. George Woodruff Johnston as the essayist.

Dr. D. W. Prentiss and Dr. F. C. Fernald are still too unwell to resume work, and for the past few days Dr. Arthur Snowden has been confined to the house.

Dr. Wm. H. Hawkes has moved his office and residence to 734, 17th street, N. W.

Dr. G. G. Morris has removed to 1407 New York Avenue.

Dr. Arthur Snyder has given up his office on New York Avenue and returned to his old location in Georgetown.



### Medical Items.

The Empress Eugenie has given directions that her body be cremated after death.

At Berlin a new additional Anatomical Institute is to be erected.

L. W. McCay, D.Sc., of Princeton College has been elected Assistant Professor of Chemistry in that Institution.

Dr. Henry D. Nicoll has been appointed Dr. Thomas's successor as Surgeon to the Woman's Hospital, of New York.

Dr. John W. Linthicum of the class of 1884 University of Maryland, was married on Thursday to Miss Grace Winchester Allen.

It is estimated that one-half the drugs imported into the United States are consumed in the manufacture of patent medicines.

Dr. George J. Preston, since his return from Europe, has been elected Professor of Physiology in the Woman's Medical College of this city.

Dr. Henry B. Sands, the well-known surgeon and Professor of Anatomy at the College of Physicians and Surgeons, of New York, died suddenly Sunday afternoon while driving on Fifth Avenue.

Dr. L. Webster Fox, of Philadelphia, is threatened with a suit by the patient on whom he performed the operation of transplantation of the cornea. The doctors who do rabbit-eye operations may become famous yet.

Dr. J. Williston Wright has resigned the professorship of surgery, in the University of the City of New York, and we understand that Dr. Lewis A. Stimson has been appointed to succeed him.

A case of cocaine poisoning has recently occurred in San Francisco. It seems that the sufferer took the drug without medical advice. The man was taken to a hospital, where he recovered.

On October 5, a little girl, aged 4 years, in Norristown, Pa., had the cornea of a rabbit transplanted in her eye. She was discharged from the Hospital October 31, with favorable prospects for recovery.

We regret very much to be obliged to announce the death of the wife of Dr. W. Stump Forwood, of Darlington, Md. Mrs. Addie Forwood, aged 53 years, who died of typhoid fever.

In the *Forum* for December, Dr. Austin Flint will discuss the evidence that all infectious diseases, including yellow fever, are caused by bacteria, and the possibility of eliminating all contagious diseases from the ills that flesh is heir to.

The average chest expansion, as we know, is but little more than three inches; six inches expansion is very rare. The New York papers tell of a man in Brooklyn, an Irishman, 5 feet 10 inches high, and 45 years of age, who can expand his chest sixteen inches.

Goodell remarks that when calculi are found in the bladders of women, the stone usually has a nucleus composed of some foreign body, which has been introduced into the urethra through reasons of pruriency or of curiosity. As a woman's most constant companion is a hairpin, the nucleus is likely to be that.

To-day and to-morrow are the two days in the year when the public is called on to give to hospitals. The citizens of Baltimore are becoming gradually used to this custom of giving to a real charity and it is hoped that this year the result will exceed those of previous years.

A demonstration in honour of Professors Gerhardt and von Bergmann was made on November 2nd, by some students of the Berlin University. Only 213 undergraduates out of a total number of 5,000 took part in the ceremony, and the students of the medical faculty were conspicuous by their absence.

The Section on Diseases of Children of the American Medical Association, at the last annual meeting, appointed the following committee to investigate the subject of infant feeding, viz.: C. W. Earle, M.D., of Chicago; W. B. Atkinson, M.D., of Philadelphia; and W. S. Christopher, M.D., of Cincinnati, Ohio.

When a child walks slightly lame, is fretful, and stands on one foot mainly, with the other leg bent, and the foot everted, look carefully for hip disease. In addition to the other ways of examining, put your thumb on the anterior-superior spine of the ilium, and rotate the leg. In a sound limb, your thumb will not move; but if the joint is diseased, the pelvis will be felt to move the leg.—*Agnew*.

THE PROFESSION IN PARIS.—During the past few years, says the *Progres Medical*, the ranks of the medical profession in Paris have increased terribly. People in 1866, says another French contemporary, the *Paris*, were fortunate, for then only 6,506 physicians, surgeons, and druggists undertook to send them to another and a better world; now 10,360 doctors and chemists look after the Parisians, or sell them physic.—*Brit. Med. Jour.*

The Southern Surgical and Gynecological Association will hold its first annual meeting at Birmingham, Ala., December 4th, 5th and 6th, 1888. The officers of 1888 are: President, Dr. W. D. Haggard, Nashville, Tenn.; Secretary, Dr. W. E. B. Davis, Birmingham, Ala.; Judicial Council, Dr. John S. Cain, Nashville, Tenn.; Dr. Hunter McGuire, Richmond, Va.; Dr. J. M. Taylor, Corinth, Miss.; Dr. DeSausure Ford, Augusta, Ga.; Dr. R. A. Kinloch, Charleston, S. C.; Chairman Committee of Arrangements, Dr. J. D. S. Davis, Birmingham, Ala.

## Original Articles.

## THE MULTIPLICATION OF USELESS DRUGS.\*

BY CHARLES C. BOMBAUGH, A.M., M.D.,  
OF BALTIMORE.

It is not needful to revert to remote periods in the history of therapeutics to ascertain the date when polypharmacy was the dominant fashion. The dark ages of the healing art did not end with mediæval days. There are formularies still to be found in the shady corners of old book shelves which call for two or three score of ingredients. Some of you remember the famous farrago known as the Theriac, or Opiate Electuary, the germ of which is traced to Nicander, in which the split-foot  $\mathcal{R}$  was followed with a jumble of sixty or seventy components. In framing these exuberant prescriptions there was either strange unconsciousness or sublime disregard of compatibility, the uppermost idea being, apparently, that—to use an oft-repeated simile—in the scattering of the load aimed at morbid action, some of the stray shot from the redundant battery might, could, would, or should hit the target.

As we turn back attentively to the glimmering of this seventeenth and eighteenth century twilight, this darkness before the dawn, we become puzzled over the grotesque ventures and hazards of empirical groping. And none are more puzzling than the mosaic work of these motley and multifarious formulæ. What was then conformity to usage seems, when focused under the scrutiny of later days, an embarrassment of riches, with every syllable of the word embarrassment accentuated. With our preference for the teachings of simplicity, we marvel much at such eagerness for combination, with its resultant complication and contrariety. And we wonder still more at such blindness to the obvious fact that while remedies are not always drugs, it is more emphatically true that drugs are not always remedies. Nor is our perplexity diminished when we re-

member that the drugs employed in the way referred to were presented in coarse and crude and repulsive forms, for it was long before the introduction of active principles and methods of elegant preparation, to say nothing of the advantages of inhalation of gases or vapors, of atomized spray, of hypodermic injections, etc. Pope says in his "Essay on Criticism:"—

"Such labored nothings, in so strange a style,  
Amaze the unlearned, and make the learned smile."

But after all, how many of our learned brethren can afford to smile derisively as they look back from the view point of real or fancied superiority? How many of us have advanced so far on the line of progression that the glass in the household of faith is in no danger of fracture from stones of our own throwing? Here and there, on the march, we may occasionally see in the ranks of fellow-craftsmen who, like ourselves, trace their professional lineage to this same seventeenth century ancestry, a few who are complacently thankful that they are not as others, and especially as these incomprehensible polypharmacists, who are soothed and sustained with the self-assurance that they are the favored children of knowledge, and from whose cloudless serenity is reflected the assumption that it is they "whose souls are lighted with wisdom from on high." But I need hardly remind you that they are not members of this Academy. On the contrary, one of the objects of our organization is to bring such presumption to repentance. We know too well that instead of closely nearing the boundaries of investigation, we have advanced but little beyond the starting-point, and that the pathways of medical science are ever widening and ever diverging into illimitable space. We know too well that we are still on the ascent where Alps on Alps arise, and that the peak gained to-day only gives us a glimpse of the peaks to be reached to-morrow and to-morrow.

But keeping in view the achievements of the patient and faithful investigation of our own day, acknowledging gratefully their brilliance and their significance

\*Read at the Annual Meeting of the American Academy of Medicine, New York, November 14, 1888.



ance, welcoming the splendid results of the activity of our specialists, believing that the scientific minds engaged upon the problems of existence are of larger calibre as well as greater in number than ever before, and profoundly impressed, as we are, with the fullness of the promise of recent revelation, are we not unwarrantably heedless of the mould and the dust of by-gone days that still cling to the chariot wheels? Do we realize how much there is to *unlearn* in the legacies of the past? Are we oblivious of the extent to which resources, once so called and so considered, have been transformed into rubbish? Are the cobwebs invisible, or dimly seen? Have higher monuments been reared than those which commemorate wasted energy, fruitless effort, love's labor lost? Let me call your attention to the illustration which has suggested this line of thought. I refer to the cumbrous material—would it be irreverent to call it trash?—with which our materia medica is overloaded.

In the Index of the fifteenth edition of the United States Dispensatory, extending through seventy-six three-columned pages, is a list of about seventeen thousand names of medicinal substances, officinal and extra-official. Making liberal allowance for the necessary duplication or repetition of many of these names in different forms—say one-third, or thirty-three per cent.—we have, in round numbers, eleven thousand substances, or, if you please, as they are termed by the authors of our great commentary, “remedies.” How many thousands of “remedies” have been added to the armamentarium since the Pharmacopœia of 1880 was published, this deponent is not prepared to state. Judging by such indications as the notices and testimonials of this, that, and the other simple or combination with which his daily mails are freighted, their name must be legion, for verily they are like the stars for multitude. Whatever may be thought of these later introductions, we may well say of the plethoric aggregation of the Dispensatory, as Bassanio said of Gratiano's reasons—they are as two grains of wheat in two bushels of chaff. Of the eleven thousand medica-

ments in the list, it would be quite safe, not to dispense, but to dispense with, ten thousand. In other words, the proportion could be transferred to an *Index Expurgatorius* without being seriously missed. If the drugs themselves were tossed from the shelves of the apothecaries into the vasty deep, midway between two continents, it would be, as Dr. O. W. Holmes remarked, “all the better for mankind,” though at the same time “all the worse for the fishes.” If it would go hard with us to part in this remorseless way with the names and faces of these children of our adoption in earlier years, we could relegate them to a museum where posterity may stare with amazement at such accumulation of inertness, and worthlessness and superfluity. And as to the remaining one thousand, most of us would still find in the doll a sufficient surplusage of sawdust to “make the judicious grieve,” and occasion needless vexation of spirit.

A Baltimore investigator, Dr. J. R. Uhler, in a recent address on “Positive Medicine,” says he found after protracted examination of 324 remedies constituting the bulk of the primary list, that 108—just one-third—are very active; 100 are known to frequently do their work; and 116 are untrustworthy. From this statement, based on cautiously conducted research, the skepticism which is disposed to underrate the efficacy of drugs may learn that there is good ground for faith in the uniformity and the exactitude of the action of those, at least, whose therapeutic application is directed with a definite conception of their real power. True, they are not numerous. Dr. Wood, in the last edition of his admirable “Principles and Practice of Therapeutics,” contracts the number of general and local remedies which he considers worthy of classification, to about 300, if we do not include in the enumeration all of the metallic salts and the various preparations which fall under primary or leading names. But his list has the distinctive merit of embracing the remedies of recent birth which already have an assured and permanent part to play in the enrichment of our ways and means.

Just as these sentences were penned, the sixteenth edition of the United States Dispensatory made its appearance, with an addition of fifteen pages to the Index,—a formidable total of ninety-one pages. The increased distention and prolixity of the new volume bears witness to the extending lines and the lengthening shadows of the pharmaceutical procession. The editors say that “over six hundred pages of new matter have been incorporated in this edition; but by a very thorough elision of that which was effete, they have been able to restrain the net increase in the number of pages to one hundred and seventy-six.” This reminds us of the rate of progression of Captain Parry’s exploring party in the Arctic regions in search of a northwest passage. They travelled at the rate of ten miles a day, while the ice floes over which they traveled were drifting toward the equator at the rate of twelve miles a day. But let us be thankful for small favors; let us be especially grateful for the concession of that significant word “effete.” The child may yet be father of the man.

Those who are in favor of a sifting process that will involve radical constriction of our bloated Dispensatory, hesitate, in view of the difficulties that present themselves. One source of hesitation lies in the fear of possible unjust displacement of drugs with latent powers and unsuspected properties that might ultimately be revealed through the enlightened and systematic methods of investigation, in the physiological laboratory, which are taking the place of the too frequently fallacious and too frequently misleading empiricism that has held sway for two thousand years. Meanwhile, this overgrown condition is threatened with continuous expansion under an irruption, which may fairly be termed a deluge, of newly discovered medicines and newly devised combinations. While we are inexpressibly disgusted with the false pretence that quackery parades in the newspapers under frothy and flashy names, our sensibility is too often offended by the stilted derivatives—quite as fanciful and quite as distorted—which are so lavishly displayed on the advertising

pages of our medical journals. They stare at us from the verge of the borderland where the code of ethics draws the line of duty and obligation. The only ground for tolerance is that while some of them become the fashion for a season, and rise, only sooner or later to fall, now and then one comes to stay. It passes the tentative period with authoritative approval, and earns a place in our equipment by virtue of demonstrated potentiality.

In the progress of scientific development the time has arrived for declaring against longer sufferance of drugs which hold their place by uncertain tenure, or by no tenure at all. Crown and sceptre are passing from the sovereignty of empiricism, or, if you prefer a more euphemistic term, clinical experience, in line of succession to that acknowledged claimant of “divine right,” modern pharmacology, the branch of science which is concerned with the investigation of the action of drugs on the healthy body. Secure on its throne against the shafts of hostile criticism, it affirms that therapeutics as a science cannot be created out of empirical conclusions, and though we may not yet be in position to reject the contributions that are offered by the empirical method, effort must henceforth be directed to the infinitely more logical tests of physiological action. One of the chief councillors of state under the new empire, Claude Bernard, says: “Experiments on animals with medicinal agents are perfectly conclusive in respect to the toxicology and hygiene of man. Researches on medicaments or poisons are equally applicable to man from the therapeutic point of view; for, as I have demonstrated the effects of these substances are the same in animals as in man, except the difference in degree.”

And among the reasons for hastening the coming revolution is our increasing recourse to remedial measures other than the administration of drugs. More and more reliance is placed by the practitioner upon such agencies as the electric current, massage, dietetics (including artificially digested foods), treatment of systemic conditions or diathesis, germicides, antiseptics, disinfection, the sanita-



tion of State Medicine, the prophylaxis of Preventive Medicine. But while we are profoundly grateful for these acquisitions, and while we cordially welcome additional contributions to a list of positive medicines which is yet conspicuous for insufficiency, let that gratitude and that welcome be at the same time a standing protest against mere numerical preponderance.

## THE ELECTRICAL TREATMENT OF PELVIC PAIN.\*

BY G. BETTON MASSEY, M. D.,  
OF PHILADELPHIA, PA.

In extending my thanks for the honor done in the invitation to address you this evening, I desire to congratulate you on the scientific spirit displayed in the establishment of this society. Baltimore, which I am glad to say, is the metropolis of my native State, has but added to her reputation in the inauguration of the first Electro-Therapeutical Society of America.

Pain, referred to some part of the pelvis or to some extra-pelvic portion of the body, may be said to be the principal symptom of the majority of diseases peculiar to women. It is for its relief that the patient seeks advice, and its abeyance or removal without the use of narcotics is usually a certain indication of restored health.

For clinical purposes such pain may be roughly classified as a symptom of one of the following conditions: (1) Organic disease within the pelvis, such as either acute or chronic inflammations or engorgements, hyperplasias, displacements, foreign growths, or obstructive occlusion of the canal. (2) Neuralgic dysmenorrhœa. (3) Intermenstrual pelvic neuralgia. (4) Hysteria. Taking these up in this order we shall first consider

### PAIN ACCOMPANYING ORGANIC CHANGE.

Passing over acute inflammatory con-

ditions, in which the use of electricity is usually contra-indicated, it is, of course, evident that a lasting relief from the pain attending the various organic changes mentioned can only be obtained when the conditions themselves are remedied. It is only recently that we have begun to learn the inestimable value of strong electric currents in such a radical cure of some of these conditions, and for this knowledge we are mainly indebted to Apostoli, of Paris, In emphasizing the value of this agency in the cure of diseases dependant upon chronic tissue alterations and merely accompanied by pain, I cannot do better than relate to you briefly the results obtained in a series of cases recently treated by the writer at the out-patient department of the Pennsylvania Hospital through the courtesy of Dr. T. Hewson Bradford, the gynecologist in charge.

CASE I. *Hyperæsthetic and Stenotic Os and Cervix*.—E. McA., a married woman, aged 38, on July 14th, 1888, presented a condition of such atresia of the os and cervix as to completely baffle all attempts at passing a sound beyond the internal os. Her menstrual periods were irregular and attended with severe pain. On this date an electrode was inserted as far as the internal os and positive cauterization with 80 milliamperes administered for four minutes. After a second application the sound was carried to the fundus with ease. After the third application a menstrual period appeared, free and with but slight pain. After the sixth application she was discharged cured.

CASE II. *Endometritis and Chronic Hypertrophy*.—A. H., widow, aged 30. Has had three miscarriages and suffers from abundant leucorrhœa and pain in left ovarian region. Uterus measured 3+. Walls thickened and position ante-flexed. Between July 14th and Aug. 16th, 1888, received five applications of negative galvano-chemical cauterization varying strength from 40 to 95 milliamperes. The menstrual period beginning August 20, was free from pain. The intermenstrual pains and discharge had disappeared.

CASE III. *Hypertrophied Uterus with*

\*Read before the Electro-Therapeutical Society of Baltimore, November 5, 1888.

*Small Submucous Myoma and Ovaralgia.*—On August 7th, cavity of uterus measured 4 inches. After seven negative cauterizations varying from 40 to 150 milliamperes the uterus measured  $3\frac{1}{2}$  inches, and the subjective symptoms were much improved. The case is still under treatment.

*CASE IV. Large Intramural Fibroid Filling Lower Half of Pelvis and giving rise to Continuous Pain.*—Eleven cauterizations to date, with the result of reducing the greatest circumference four inches and removed nearly all the pain. Still under treatment. The greatest strength attained in this case was 200 MA.

*CASE V. Small-Intra Mural Fibroid.*—At the beginning of treatment, Sept. 20th, 1888, there was severe pain and great tenderness in region of tumor. A single application of 50 milliamperes, negative cauterization, enabled the parts to be freely handled without pain. At the present time fourteen applications have been made of from 100 to 150 milliamperes, causing considerable shrinkage. The case is still under treatment.

*CASE VI. Painful Menstruation of three years standing.* Two days before onset of flow was accustomed to having a severe bearing down pain, followed by slight, pale flow for one day and then by an abundant discharge of clots. She came to the clinic two days before her expected menstruation when 70 milliamperes, positive cauterization was administered. The subsequent sickness was free from clots and gave less pain than at any time for three years. Four applications were consequently made, resulting in a complete cure, as proven by two normal periods. The cavity shrank from 3 to  $2\frac{1}{2}$  inches.

*CASE VII. Hypertrophied Uterus and Prolapsed Ovary.*—The uterus was displaced to the right and was intensely sensitive. The condition had lasted three years, dating from a pregnancy, and rendered every step or jar of any kind intolerable. After two positive cauterizations of 50 MA. her condition was greatly improved, and after twelve similar applications of varying strength she was free from tenderness and pain, the

adhesions had loosened, and the cavity shrunk from 3+ to  $2\frac{1}{2}$  inches.

While this relief of pain and tenderness is so quickly apparent in conditions of chronic uterine change, it should be remembered that there is an inflammatory condition totally inadmissible, namely: perimetritis. My own experience coincides to a certain extent with that of Apostoli on this point, although the absence of a really impressive experience in this direction may be due to a careful avoidance of the applications when acute tenderness or fever is apparent.

Among the organic causes for pelvic pain *obstructive dysmenorrhœa* is prominent. When the rational history of an attack of dysmenorrhœa unites with the physical examination in revealing an undoubted obstruction to the flow, relief can, of course, be gained only by enlarging the canal at the point of contraction. The efficiency of galvano-chemical cauterizations in effecting this purpose is becoming rapidly acknowledged, and there is no doubt whatever at the present time that in the positive cauterization we have the safest and most promising means of creating a permanently patulous canal, and a procedure that is destined to take the place of forcible dilatation in many cases, as this latter operation has displaced the lateral division of Sims, with its immediate dangers and subsequent ill effects. That the negative cauterizations will also restore contracted and distorted canals to their normal condition is proven by changes of this sort observed by the reader while treating fibroid tumors. Cases in which the electrode was introduced with difficulty at first have never failed to show a progressive increase in caliber when strong currents were used, with either pole active. While this is true, it is probably best to use the positive pole in preference where a mere local enlargement is wished, as the positive eschar is evidently more retractile.

It is often difficult to say whether the apparently expulsive pains of dysmenorrhœa are really due to an obstruction in the canal or merely represent the explosive crises of a neurosis. The "pin



hole" external os is not apt to interfere in any way with the escape of the menstrual fluid although it may cause sterility; obstructive stenosis is usually situated at the internal os, which according to the late E. R. Peaslee should be at least one-fifth inch in caliber. If this diameter is found to exist it is probable that an endometritis is the cause of the pain, in which case intra-uterine galvanic applications are also most happy in effect as in the case already related.

#### NEURALGIC DYSMENORRHOEA.

That the majority of cases of dysmenorrhœa, however, are purely neurotic may be inferred from the existence of a considerable proportion of cases without either stenosis of the canal or disease of its lining membrane, and from further fact that dilatation frequently fails to relieve the painful crises of manifestly narrow canals. Even when this operation does produce a lessening of the pain, it by no means follows that the good results are due to greater patency of the canal, for there is a possibility of the violence inflicted acting in a derivative manner on the affected nerve areas. But, casting a mere probability aside, and granting the positive value of an artificially gained patency in cases of undoubted stenosis, an overwhelming residuum of neurotics remain that tax our utmost endeavors to procure relief. What I wish to emphasize in this place is the view that such cases are largely identical with the peculiar condition known as "spinal irritation," and that, like this condition, it may be made to disappear at times with magical celerity under merely percutaneous galvanic applications to the back and abdomen. Such applications have the additional advantage of being properly adapted to young girls without an unnecessary shocking of wholesome modesty.

It is by no means claimed that this view of certain cases of dysmenorrhœa as a sort of spinal explosion is novel. Current literature continually points us in this direction, but the fault is that the rank and file abandon the mechanical generalization more slowly than the lead-

ers. The instrumentally deflowered maiden remains the rule rather than the exception, and it is high time that a halt was called in the indiscriminate use of forcible dilatation.

The galvanic dose in the percutaneous applications varies from 10 to 60 milliamperes, *pro re nata*. Large, well moistened electrodes and the gradual method, without shock, should be used. I have full notes of a number of cases treated in this way which I will not weary you with detailing. The treatment extended at times fully six months; in other cases but two or three applications before a period sufficed to render it almost painless.

In considering the question of

#### INTERMENSTRUAL PELVIC PAIN

the average gynecologist is singularly oblivious of the existence of nerves within this cavity. Much attention has recently been bestowed upon the causal relation of normal and diseased ovaries to this pain and a great mass of experience (and of ovaries) has accumulated to shed light upon the subject. As an observer of these cases, after the performance of ovariectomy, I am inclined to think that only those are bettered in which unequivocal evidences of organic disease existed prior to the operations, or in which an hysterical condition predominated which was amenable to the profound mental effect of the procedure. It is not rational to expect to cure a more or less intense *neuralgic* pain in this region, even when it is apparently seated in the ovary itself, by a removal of this organ, for no analogous operation in any part of the body is attended with such results. It should be remembered that the ovarian nerves *terminate* in the ovary and the removal of these terminations is no more likely to cure the pain than is a removal of the teeth of the lower jaw for neuralgia of the inferior dental nerve. If the nerve trunks concerned could be excised there would be a certain relief for some months or years at least, as has been well proven by operations on the nerve trunks of the face. A close examination of these cases of pelvic neuralgia

will show that strictly neuralgic pain is by no means always seated in the ovary or even in its plexal supply. It may be in the lower portion of the abdominal cavity, in the pelvic bone, or in the anterior crural distribution on the thigh. Tenderness, on the other hand, is apt to be limited to the ovary itself or to the nerves in its immediate neighborhood, and is far more likely to be indicative of organic disease than the most violent pain.

Unfortunately the electrical treatment of the graver cases of pelvic neuralgia is no more likely to permanently cure them than is ovariectomy. Such cases are probably centric in origin and closely analogous to the worst forms of tic douloureux, and will probably remain like them among the opprobria of medical science. While this is true of the intense, shooting neuralgias, the cases of simple ache are quickly remedied by galvanic applications through the skin, as a rule, the method best adopted to non-tender cases being simply abdomino-dorsal. If there be distinct tenderness, the application is best made nearer to the seat of the sensation, by means of an intra-vaginal or intra-uterine active electrode, the negative pole being preferred. It is possible that a subacute ovaritis does at times exist and yield to this treatment. When tenderness exists it is almost specific.

The possibility of a neuralgic pain in the pelvis being due to disease of the cord should not be lost sight of. During the past summer I had the opportunity of seeing a case in which a brilliant operator of New York City had removed one ovary for a persistent pain in the left hip bone of fifteen years standing. On examining the case I discovered exaggerated knee jerk, spastic gait, unimpaired electro-contractility, and other evidences of lateral spinal sclerosis that afforded a better explanation of the pain than any possible ovarian irritation. It is needless to add that the removal of the ovary, which was said to be varicose, was not followed by improvement of any kind.

#### THE PELVIC PAIN OF HYSTERIA.

When the diagnosis of hysteria has

been positively made the question arises—shall the patient be treated locally as well as generally. The importance of a general treatment of the individual by seclusion, rest, electricity and massage, cannot be over-rated, and I have for sometime been relying mainly upon this plan as carried out in a private hospital. I have, however, noticed that the association of a direct local treatment of the affected part of the body with this general treatment is frequently necessary, and that those so treated responded more quickly to the remedies than others, in whom individual symptoms had been neglected. This is equally true of hysterical pelvic neuroses as of hysterical aphonia and hysterical paralysis. Whether the relation between the will power and the higher motor centers is best affected in this way remains to be seen. But local treatment in this class of cases does not demand the scientific exactness requisite in the successful treatment of organic diseases. Internal applications are usually unnecessary in pelvic as in laryngeal cases of hysteria, equally successful results being obtained from external percutaneous applications of which ever current is most convenient. Here, as always in this singular disease, it is the operation rather than the method that determines the results. While local applications to the apparent seat of disease are generally best, a careful discrimination should be used in omitting this part of the treatment in crethistic cases. Any kind of local treatment is at times harmful, as tending to fix and deepen the patient's attention upon an organ or function already affected by undue introspection.

#### Society Reports.

#### ELECTRO-THERAPEUTICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD NOV. 5, 1888.

DR. GEORGE J. PRESTON, in the Chair.

*Dr. G. Betton Massey*, of Philadelphia, read a paper on



THE ELECTRICAL TREATMENT OF PELVIC PAIN. (See page 84.)

The Chairman, Dr. Preston, in thanking Dr. Massey for his valuable contribution, said:

"The Electro-Therapeutical Society is to be congratulated upon having Dr. Massey with them to-night. The subject which he has presented to us is one of great importance, and any measures for the relief of pelvic pain will be hailed with delight, both by patient and physician. It is very gratifying to see, as in the cases presented to us this evening, how systematic, how exact, has become the application of electricity. And yet those of us who employ this remarkable agent in the treatment of disease, feel that we have as yet only faint and crude notions of it. If we look back only a very few years, we see the galvanic and faradic currents applied indifferently, in both senses of the word, and static electricity only in the physical laboratory. Now we can say, between rather wide limits it is true, when to use one and when the other. Probably more important still is the very general use of the milliamperè metre. Instead of using a certain number of cells of unknown or undetermined electro-motor force through an internal resistance absolutely undefined, we now measure exactly the strength of our current, and the resistance which it encounters.

Among other varieties of pain, Dr. Massey has called our attention to one very common and very important for us, namely, the hysterical, and has pointed out the advantages which electricity possesses in its relief. There are two facts which should always be borne in mind when we consider this class of cases. One is that we are very apt to be misled by hysterical symptoms, and thrown off our guard. Nothing is more common than to see the most marked symptoms of hysteria complicating, or rather associated with some organic lesion. Frequently it is very puzzling to sift out, as it were, the hysterical symptoms from those due to disease of the cord. Then too there is the curious mimicry of hysteria, and one sees a case of hemiplegia

following what seems to be an attack of apoplexy, photographic in its reproduction of symptoms, lasting a certain number of days or even months, and suddenly disappearing. Especially should we be on our guard when we have to deal with ovarian pain, for we know how very common it is to find the ovary one of the hysterogenic centers, and it is probably not extravagant to say that this important organ is sacrificed rather too frequently. And this brings me to the second point to which I wish to call attention, and that is the value of suggestive treatment in all hysterical diseases. As proof of this fact one need only look at the success of the faith healer, the magnetic healer, and other charlatans of that ilk. Their sole secret lies in the fact that they produce strong impressions on hysterical minds, male and female. So then we should give due weight to the suggestive effect of electricity in the treatment of the affections alluded to. This same kind of argument applies with even greater force to operative measures directed against the uterus and its appendages. I do not wish to be understood as making light of the employment of electricity in the treatment of hysterical pain, for it is unquestionably of great value, but I simply desire to call attention to the two-fold factor which is at work. Electro-therapeutics is a science yet in its infancy, and along with the wonderful recent advances of electricity in other fields we have good grounds for hope that it will prove an agent of great power in the domain of medicine."

*Dr. Wm. E. Moseley* asked Dr. Massey what his experience was as to the use of the positive pole on the menstrual flow. He thought it promoted a free flow in the case of fibroid tumors, but in the case just mentioned in the paper, after using 50 MA., he got freedom from pain. This use of the positive and negative current had always worried him in its daily use. Dr. Massey got good from the negative current and Dr. Moseley had seen cases where good was obtained from the positive current but he had often found it difficult to find out which current did the most good. Theoretically

the positive current lessens pain and the negative current increases the menstrual flow, and the negative current lessens the size of fibroid tumors. He hoped Dr. Massey would act the part of pedagogue and explain the whole subject to-night.

*Dr. G. Betton Massey* said that the question which pole to use was a very important one, but it was not difficult if you could get it out of your head that the positive pole in the best one to relieve pain. It is not so. Theoretically the negative pole in the exciting and the positive the quieting, but in fact the excitement is followed by sedation and the sedation by excitement. Practically he found that the positive pole was not more likely to cause hæmorrhage than the negative, so that he had used the negative pole when he was not afraid of hæmorrhage. It is well to have a gold platinum pole where you use a very strong current. If you use the negative pole with 150 to 200 MA., you run the risk of producing hæmorrhage of a dangerous character. He had found that the positive pole with less current was more satisfactory. At times he had failed to cure a hæmorrhage with the positive pole and then he found he had used too much current or had used it too long. In those cases the use of 50 MA. often succeeded where 200 had failed. In regard to the two cases of stenosis mentioned, he had used in the first case for four minutes 50 to 60 MA. with good results. In another case of painful menstruation from endometritis there was practically a cure by one treatment of 70 MA.

*Dr. Moseley* asked that as the effect of the positive pole with a strong current was to produce an eschar was there not danger of fibrous tissue taking the place of the eschar and thus affecting future generations? For the ovum will not engraft itself on scar tissue.

*Dr. Massey* replied that Apostoli claimed to have had a pregnancy after his treatment. In the case of the negative current the tissue was dissolved and this is a dissolution or softening as was shown by experiments on meat. There was more destruction with the positive pole.

*Dr. Moseley* said that much was

claimed for electricity in the treatment of endometritis fungosa after abortion. In cases in which the endometrium bleeds very easily one application of the positive pole with 20 to 30 MA., gives good results. He had been trying to get a platinum probe for intra-uterine use with the positive pole, but Dr. Waite insisted on using aluminium.

*Dr. Massey* said that aluminium was a baser metal and would not do for this purpose. It dissolved too quickly.

*Dr. S. T. Earle* asked which pole was best to use in stenosis with infiltration of fibrous tissue as in stricture of the rectum or urethra.

*Dr. Massey* replied that alternate applications of the different poles every other day at the closest was the best, meanwhile watching the temperature.

*Dr. T. A. Ashby* asked what was the amount of pain from high current.

*Dr. Massey* said this was a very interesting question. Engelmann claimed that there was no pain, but it was not so. In the last two cases he had had no pain. In one case he could not get the electrode in, in another he could only get it in five inches and next day it went up into the abdomen. 100 MA. does not always give pain, but he has found that 80 generally begins to give pain. He thought it was better for the woman to lie on the external electrode as it gave less pain. As an electrode he took an ordinary sound heated it over an alcohol lamp and then dipped it in fused shellac, thus obtaining a thoroughly aseptic electrode for each patient. A description of this could be found in a late number of the *Philadelphia Medical News*. He had never found atresia as the result of the use of the electrode. With a patulous os he used a bulbous electrode. 200 MA. would carry a sound through the soft uterine wall into the abdominal cavity.

*Dr. B. B. Browne* asked what was his experience in the continued application? Whether short applications frequently repeated or prolonged applications were the best; and in case of strong current did he use an anæsthetic.

*Dr. Massey* was opposed to long duration as he had a case of sepsis once which he traced to this. He advised



gradually swelling the current and gave it never longer than five minutes, or two or three minutes with as strong a current as possible.

*Dr. B. B. Browne* asked if he met many cases of tumor where the pain had been relieved without any perceptible diminution in the size of the tumor, and in some cases did he still continue the treatment when the pain had ceased and the tumor continued. He generally ceased treatment with the cessation of the pain. He used puncture with anæsthesia.

*Dr. Massey* said the difficulty was to say when the disease began to stop and if it has stopped and when you have done enough to check its growth. There is always danger of sphacelation and peritonitis. You should continue until the tumor has much diminished in size. The large tumors, however, will not entirely disappear, but they will get much smaller, even to one-third their former size. Every puncture is attended with risk.

*Dr. Moseley* asked if the electrodes were applied behind on the back or in front.

*Dr. B. B. Browne* said he had experimented with meat and concluded that puncture of the tumor was best.

*Dr. Moseley* cited a case of Byrne's who had treated a fibroid tumor in the posterior uterine wall with electro-puncture. The tumor sloughed out *en masse*.

*Dr. Massey* in reply to *Dr. Earle* said that he used the American galvanometer of Fleming registering 1 to 1000 and was entirely accurate when freshly obtained, but there was danger of all galvanometers registering too low from loss of galvanism.

He also said in reply to *Dr. Preston* that it was best to make a single puncture. Apostoli always tunneled through the cervix into the abdominal cavity. He did not approve of the Barrett chloride of silver battery.

*Dr. S. T. Earle* said that once in failure of his battery, he used a Barrett battery and got only 5 MA. with 25 cells.

*Dr. George H. Rohé* said that one of the cases referred to by *Dr. Browne* proved the correction of a point insisted

upon by him (*Dr. Rohé*) in several publications on electrolysis, namely, that the decomposition of organic tissues initiated by electrolysis often continued for a long time after the application of the current had been discontinued. He believed that in tissues of what might be termed "lowered vitality," there was considerable interpolar decomposition, which was denied by some writers. In a paper read before the American Dermatological Association at the recent Congress of American Physicians and Surgeons, he had explained his views upon this point at some length. He believes also that all electrical conduction through organic tissues is *electrolytic*, that is to say, no current can pass through organic tissue (the animal body for example) without being attended with that decomposition and rearrangement of molecules which we know as electrolysis. The acceptance of this view would, he believes, widen our present knowledge of the therapeutic action of electricity and make its explanation more easy. He would not occupy the time of the society further at this time, but refer to his paper which is to be published in an early number of the *New York Medical Journal*.

*Dr. B. B. Browne* mentioned two cases of tumor illustrative of *Dr. Rohé's* remarks.

*Dr. Earle* in reply to *Dr. Rohé* said he did not believe that passage of electricity through organic tissue is always accompanied by electrolytic action.

*Dr. Massey* agreed with *Dr. Rohé* that if a current passed through a decomposable liquid, there must be a decomposition in proportion to the strength of the current and related two cases similar to *Dr. Browne's*. He believed that the shrinking of the tumor was caused by a fatty degeneration set up by the current.

*Dr. Thomas Opie* asked *Dr. Massey* if he had ever treated sarcomatous tumors of the uterus in this way.

*Dr. Massey* replied that in one case of suspected sarcoma of the uterus he had used this treatment and it got well. He used the positive pole not over 70 MA. in the uterus and protected, as he had described, beyond the os.

*Dr. Wm. E. Moseley*, then made a few remarks on

#### BATTERIES,

describing the different kinds and principles and showing examples of each.

*Dr. Massey* did not like the gravity cell. It was a large evaporating surface and just as soon as the water gets below the zinc the current stops. It makes a great dirt. The Grenet cell also met his disapproval. He preferred the Law telephone cell which is sealed up, or the Léclanché battery.

*Dr. Rohé* said it was stated that the chloride of ammonium batteries polarize rapidly and then required a long rest to recover; and again a maker had told him that these batteries did not polarize rapidly at all, but extremely slowly.

*Dr. Massey* replied that for medical purposes the Léclanché battery was sufficiently constant. The polarisation was extremely slow with the amount of current used, and little fear need be had of a failure of current on account of polarisation.

#### BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD NOV. 6, 1888.

*Dr. H. M. Wilson*, the President, in the Chair.

*Dr. J. Edwin Michael* reported the following case of

#### PERINEAL SECTION FOR TRAUMATIC RETENTION.

On January 28, 1888, he was called to see a boy ten years old, a patient of *Dr. Kemp*. The boy had been coasting and in sliding down the hill, he fell off his sled with his feet pointing up the hill so that the next sled struck him in the perineum. It hurt him, but not so much as one would think, for he went home, said nothing about the accident, but went up stairs and played with his little sister for an hour. Then when he went to pass

his water he found it impossible, but a drop or two of blood came from his urethra. *Dr. Kemp* was sent for and after trying to pass a catheter without success, gave an anodyne and sent for *Dr. Michael*. There was dulness over the hypogastrium. The scrotum and penis were swollen, the right side of the scrotum was oedematous and a few drops of blood came from the penis and there was a frequent desire to micturate. He thought it was a rupture of the urethra and a urinary infiltration. He did not attempt to pass a catheter, but concluded to do an external perineal section without a guide through the urethra. Without describing the operation, he found the cavity filled with blood clots, but there was no urine. He found the urethra with a steel sound No. 10 English measurement. The instrument passed freely into the urethra and went up until the handle came up against the perineum, and then he found he could feel the end in the abdominal cavity, within one-half inch of the umbilicus. He was much disturbed at first and thought it was a rupture of the bladder or a false passage made by himself. Twenty-six ounces of clear urine were brought away by the catheter. The interesting point was the ability to pass the sound so far. It must have been a retardation of the development of the fusiform portion of the bladder. It was a case of undeveloped or fusiform bladder. He had not had time to look up all the literature but found no mention of such a case in the books which he had consulted. *Sappey* says that the bladder is developed to its usual shape at eight years. This boy was ten. The subsequent progress of the case was as usual. He was puzzled about the oedematous swelling in the scrotum and inguinal region. There was no infiltration. The swelling passed away and the wound healed kindly. He taught the boy to introduce the instrument himself. He is doing well now, but he is afraid the boy will suffer from traumatic stricture in the future. If he neglects to pass the instrument regularly another section may be necessary. He had not seen him for three months.



*Dr. B. B. Browne* said that in retention of urine in women it is not uncommon to find the catheter carried up to the umbilicus. He thought the bladder would extend in the direction of least resistance.

*Dr. A. K. Bond* asked if the sound passed up, in *Dr. Michael's* case, to the same distance after the bladder had been emptied. He had had occasion once to look up the subject of imperfect closure of the urachus and found that it occurred not infrequently. It was left patulous both in children and grown persons. It was evident that the urachus was forced open by the distension of the bladder.

*Dr. B. B. Browne* said *Dr. Bond's* remarks reminded him of a case in a female child in which the urachus had remained open and a calculus had formed in it, filling the whole urachus like a small banana. He thought it was defective development.

*Dr. S. C. Chew* said the fact that the sound reached so far when the bladder was empty showed that it was not developed.

*Dr. G. Lane Taneyhill* had once passed a sound in a boy twelve years old up to the umbilicus and it only stopped there because the handle came against the pubes. He was told it was a "watery tumor," and so it was. This was in 1860 when he was more inclined to investigation than now. He drew off the water and then passed the sound just as far again. There was no serious result.

*Dr. Michael* said the fact of passing the sound to the umbilicus was not unusual in chronic cases of distended bladder. In old persons the bladder sometimes rises above the umbilicus, especially in enlarged prostate. In the case he just reported, the distension only lasted one day and he did not think it would go so high. There can be no positive conclusion *intra vitam*, but he thought that he was right from the fact that he could pass the sound up just as far after the bladder had been evacuated.

*Dr. S. C. Chew* then reported a case of

A woman was taken with a well marked case of typhoid fever with no symptoms wanting to make the diagnosis. There was a large intestinal hemorrhage which he checked with turpentine. She was making a good recovery when, during convalescence, there was an inflammation of the parotid gland. This is comparatively rare in typhoid but common in typhus. *Trousseau* says it is almost uniformly fatal. The abscess was punctured and the case was doing well when lately, as the temperature was gradually descending, it suddenly rose from  $98\frac{2}{3}^{\circ}$  to  $106\frac{2}{3}^{\circ}$ . He could not understand the cause of this. From  $106\frac{2}{3}^{\circ}$  the temperature then fell to  $100^{\circ}$ . He looked for peritonitis. In the evening it rose to  $105^{\circ}$ , thirty grains of quinine having been given. It rose again and fell to  $98\frac{2}{3}^{\circ}$  under the effect of twenty minims of the hydrobromate of quinine given hypodermically. The next evening it was up to  $105\frac{2}{3}^{\circ}$ . With quinine it fell to  $101^{\circ}$ , rose to  $103\frac{2}{3}^{\circ}$ , fell to  $102\frac{2}{3}^{\circ}$ ; that evening rose  $103\frac{2}{3}^{\circ}$  and the next morning fell to  $100^{\circ}$ . *Dr. Tiffany* said he had seen a similar case but could not explain it. *Dr. Chew* gave the quinine, ten grains every three hours.

*Dr. H. M. Wilson* asked of quinine had the same power in malaria and in decided forms of intermittent fever.

*Dr. Chew* said that quinine given hypodermically had an anti-febrile power as opposed to an anti-periodic power. He did not think reduction of temperature was the main object in typhoid fever. He gave antifebrin or quinine in preference to antipyrene.

*Dr. A. K. Bond* asked if quinine in moderate doses did not cause sweating. In his experience it did.

*Dr. Chew* replied that it reduced temperature and in some conditions it would act on the skin in some persons. He had seen erythema produced by it.

*Dr. Hiram Woods* spoke of a young married woman whose husband was taken with typhoid in August. She nursed him and in the fourth week she was taken with it. Through her father he heard that she got along very well with no very high temperature until suddenly one day she had a convulsion, sank into a coma and died.

*Dr. Chew* said it was very hard to explain this without learning more of the history. She might have had some other trouble too. Convulsions are not usual in adults in this disease unless there is renal trouble which might have been the case here.

*Dr. John R. Uhler* spoke of the

#### VIS MEDICATRIX NATURÆ

as exhibited in certain cases. He had had a case which showed what nature, without treatment, would do. A young woman, on whom abortion had been attempted by some quack, sent for him. He suspected it, but not being certain, since she tried to deceive him, gave morphia and finally detected a suspicious odor, and examined the girl and found a bundle or series of tents in the uterus, pressing through the vagina into the bowel. He removed the tents at once and then examined and found a recto-vaginal fistula. He used washes and some astringents for four or five days and now the parts have healed without an operation. This is the second or third case of this kind in his knowledge that ended with fistula. In reply to *Dr. Browne* he said the fistula was two to two and a half inches in the vagina.

*Dr. B. B. Browne* had had a similar case in which a sea-tangled tent had been in for a week and although she had an anteversion the tent was not expelled.

*Dr. T. A. Ashby* had had no experience in this condition, but related a case of vesico-vaginal fistula in a woman 31 years old. There was hemorrhage and he diagnosed epithelioma. She had usual tenesmus; inflammation of the bladder and the urine dribbled through this opening. The uterus was hard. The disease has probably extended. The disease was of interest because rare. He used vaginal injections and cleanliness. An operation has been suggested to close up the entire opening.

*Dr. William B. Canfield* then reported a case of

#### SECOND ATTACK OF SCARLET FEVER IN A CHILD TEN YEARS OLD.

He had been called to see a little girl

ten years old. She had fever, enlarged tonsils covered with patches, like follicular tonsillitis, she had headache and general malaise. Ordered mild wash for mouth and tincture of iron. Called a few days again and mother said child had had a rash or eruption over face and body. It had only lasted one day. Child still feverish, throat better. On inquiry found that child had had an undoubted case of scarlet fever eight years before which *Dr. Booker* had attended. At that time she had dropsy and nephritis. On inquiry *Dr. Canfield* found that scarlet fever was prevalent in the neighborhood. A few days later asked for some of the child's urine and was told she passed very little. At this time she began to look puffy under the eyes. He examined urine and found granular casts and albumen in abundance. Ordered citrate of potash with infusion of digitalis and swelling gradually disappeared. Child vomited occasionally and had no appetite. Thought second attack of scarlet fever in children very rare and not believed by some. This seemed like an attack. Other children in the house were not attacked.

*Dr. Bond* asked if albumen was still present.

*Dr. Canfield* said it was in a small amount, and he had found one cast that day.

*Dr. H. M. Wilson* said he had seen second attacks of scarlet fever in children.

*Dr. Hiram Woods* then related a case of

#### APPARENTLY SIMULATED DEAFNESS FOR THE SAKE OF OBTAINING DAMAGES.

In the early part of last September a colored woman applied at the dispensary connected with the Women's Medical College for treatment for a tumor. She stated that she was in a rowboat when an officer of one of the steamers in the harbor asked the owner of the boat to put him on board his vessel. The engineer let off steam just as the boat came along side of the steamer. The woman was burnt severely about the neck and right shoulder. The right ear was also burnt and caused her intense



pain. Dr. Randolph Winslow, who had charge of the patient, sent her to Dr. Woods for examination on Sept. 15. The whole auditory canal was excessively tender and showed the effects of the injury received. There was a non purulent discharge from the canal, and inflation by Potitzer's method indicated a perforation in the drum. There was no giddiness or tinnitus. The patient stated that "earache" had come on the day after the accident, and that the discharge had appeared three days later. At first it was watery, then became muco-purulent. She had never had any ear trouble before. She claimed to be absolutely deaf in the injured ear. She did not hear loud talking at all when the left ear was closed, did not hear the watch by either aerial or bone conduction, nor was the tuning-fork heard when held at the auditory meatus, pressed on the mastoid or in front of the ear. This first suggested malingering. There was too much deafness for the lesion. Neither the history nor the examination showed any reason for *absolute loss of bone conduction*, although, of course, it was not certain that the ear had any hearing power. The patient told Dr. Woods that she had sued the company for damages on account of the loss of hearing in the right ear. In the left ear hearing was normal. In the course of two or three days the inflammatory symptoms largely subsided, and the discharge was reduced to two or three drops daily. Still deafness was absolute. On the 19th of September, at the company's request, the woman was sent to Dr. Russell Murdoch for examination. Dr. Murdoch agreed with Dr. Woods that the case should be carefully watched. On the 20th she adhered to her original statement that the right ear was absolutely "stone deaf." A small perforation was now visible in the drum, from which one could wipe a drop or two of pus. Although told to see both Dr. Murdoch and Dr. Woods on the 22nd, she did not appear until October 3rd, when she came to Dr. Woods' office. The ear showed practically the same condition. Absolute deafness was again professed. She was then told that "there must be

some trouble in the ear beside that burn, if you can't even hear this fork now." Allusion was made to bone conduction of sound. A little while after, with the left ear closed by a wad of wet absorbent cotton, the fork test was again employed. She finally said she heard the sound when the fork was fully vibrating about three inches from the right auditory meatus. This was certainly heard by bone conduction. She was told to see Dr. Woods in two days, and was then sent with a note to Dr. Murdoch's office. She delivered the note, but did not want to see him, nor has she visited Dr. Woods since October 3rd. A few days ago Dr. Woods was told by one of the officers of the company that the woman was a "round about" on the wharf, and that a certain individual of her own color, on whispering an amorous thought into her injured ear had been readily understood. If this is so, it, of course, settles the question of malingering. If she ever favors Dr. Woods with another visit, he proposes to use the bin-aural stethoscope, stopping up the tube leading to the good ear, and using the cap as a mouth piece. This method is given in Roosa's text book.

*Dr. J. J. Chisolm*, then exhibited a

#### LARGE SALIVARY CALCULUS

which he had removed from the duct of the sublingual gland. The gentleman had for 18 months a swelling under the tongue, left side, which has received the active professional care of his family physician. The swelling was as large as the last phalanx of the thumb. It was extremely annoying from its size and from the irritating pain occasioned by its presence. Pains not only located in the swelling but shooting from it into the left ear accompanied by much tinnitus. Locally poultices had been applied to the neck and laid for weeks with the hope that suppurative action would be excited in the swelling, at the same time he had undergone a long course of alterative medicine, but with no benefit. The ear symptoms increasing in severity he was sent to me from his distant home for treatment. I found under the tongue

a swelling of stony hardness which I recognized by touch to be an incarcerated calculus in Wharton's duct. The diagnosis was made absolute by passing a needle through the walls of the sac to the grating body within. A free incision into the sack exposed the calculus which was levered out of its bed by using a curette. The calculus was shaped like an olive seed, 11-16 of an inch in length, 6-16 broad at its thicker end. Its surface was rough from the irregular deposit of lime. The ear symptoms disappeared promptly on the removal of the cause of irritation.

*Dr. Chisolm* has had within the past week another case of suspended animation under chloroform narcosis. He had just completed the removal of the cancerous eye in a child of 3 years of age, in the presence of the medical students of the University of Maryland, when respiration ceased. Immediately the apparently dead child was borne up by the feet, head down, and was kept in that position for nearly a quarter of an hour till the returning respiratory act was fully established. *Dr. Chisolm* had so much confidence in this sudden inversion, to bring back suspended animation that in this case no other means were used, not even to the opening of a window for the admission of fresh air. Those who have occasion to use anesthetics, should keep this valuable device in mind ready for instantaneous use should a fatal collapse threaten from suspended breathing.

*Dr. Chisolm* also mentioned the curious coincidence of having two children sent to him at a weeks interval from Charleston, S. C. The first a boy of 10 years of age was struck in the eye with a slung shot, thrown carelessly from a sling by one of his young companions. The eye was lost from the accident; within a week a second child 3 years of age was brought from the same city by parents, having been exposed to a similar accident. The eye was so lacerated by the projectile that it had to be extirpated.

The Hospital Saturday and Sunday collections will probably aggregate about \$2500.

## Correspondence.

### MEDICAL PRACTICE ACT.

FREDERICK, MD., Nov. 17, 1888.

*Editor Maryland Medical Journal:*

Dear Sir:—The State Board of Health has recently given public notice that the law to regulate the practice of medicine, which was passed by the Legislature of Maryland at its last session, has been found impossible of execution, by reason of essential defects in its provisions.

In view of possible future effort in the same direction, I desire to call the attention of the profession to some points, which seem to me worthy of consideration.

The ostensible object of the law is the suppression of quackery, and the State Board of Health being charged with the execution is made practically sole judge of what constitutes the offence. Inasmuch as the law was originated and pressed to its enactment by medical men, and as its enforcement is delegated to a board composed mainly of physicians, it would seem well to define in plain language the evil which in our belief demands suppression.

By unanimous medical accord the grosser forms of charlatanism the highway travelling bands or single robbers who challenge money and life, should be excluded from our domain.

Less notorious, but inflicting more injury because more numerous are the professional sneak-thieves, the patent medicine men, whose wares are the chief stock of many drug-stores.

More respectable and more cautious but scarcely less dangerous to the public health are the doctors turned druggists and the druggists dubbed doctors; some having knowledge without opportunity to safely treat disease, but the larger number lacking both knowledge and opportunity. Is there any ill to which flesh is heir that this class will not undertake to diagnose and treat over the counter?

Nor are our faithful allies, the true educated apothecaries, guiltless, as is evinced by our prescriptions refilled again and again, sometimes for years



and for persons other than these designated by the prescriber; for some perhaps with benefit, for others with injury, for all with risk, because of uncertain applicability of the remedies to the particular case.

In the catalogue of charlatans we place also the professed disciples of Hahnemann and of Thompson, the Voodoo Doctors, the Faith-curers and all those who avow themselves using as a guide in the treatment of disease the fanciful dogmas of a disordered brain or who make sacreligious claim to supernatural aid.

While we pity the folly of the sincere votaries of these practices, we cannot but recognize their danger to the community. As to these who are not sincere, it matters not how much they may repudiate to persons qualified to judge their pretensions, their belief in the infinite potency of infinitesimal division or prate of the possible influence of mental action upon the body in working miracles. So long as for selfish ends they permit the public to believe in their adhesion to the creeds attributed to the names they bear, they stand guilty of fraud.

Nor are all in the ranks of the regular profession immaculate. Unwarrantable pretension to skill and unscrupulous taking of risks to the patients constitute the chief stock in trade of some whose otherwise rightful possession of a diploma none can doubt.

Is it not then evident that charlatantry is a personal and moral disease? Can it be diagnosed, much less treated, by general and intellectual methods? Certainly not as proposed in this law, for it offers no protection to the community except possibly from the depredations of the small first-named class of avowed quacks. Patent medicines, drug-counter prescriptions and unauthorized sale of medicines are all ignored by this Law; while by it the State Board of Health would be compelled to grant licenses to educated practitioners of no matter what special dogmas. Indeed, it is questionable whether any law could be executed which attempted to hamper our people in the choice of their doctors any more than in that of their clergy.

Failure to attain its proposed object is not, therefore, the only objection to the Act in question. Another and more vital fault lies in the fact just stated that it would give a status to irregular practitioners which they do not now enjoy, viz:—their endorsement by the regular profession through the State Board of Health, which is constituted by this act our representative. Is the profession willing this should be? Can we hold Truth and condone Error? Can we practise Honesty and endorse Fraud?

Yours truly,

GEORGE JOHNSON, M.D.

HIGH ALTITUDES IN GRAVE'S DISEASE.—Prof. B. Stiller, of Buda Pesth has recently had two cases of exophthalmic goitre (Grave's or Basedow's disease), in which remarkable results were obtained by sending the patients to high or moderately high altitudes—that is to say, to health resorts in the Carpathians and the Tyrol, varying from 1500 ft. to 5000 ft. The explanation of the mode of action of this method of treatment is not very evident, especially as it has been generally taught that high altitudes are contraindicated in cardiac diseases. Professor Stiller thinks it would be well to obtain further observations of the effect of altitudes not only on cases of Grave's disease, but on cases of disturbance of heart compensation generally.—*Lancet*.

TINCTURE OF PHOSPHORUS IN INFANTILE ASPHYXIA.—Dr. Farici has obtained such excellent results in the treatment of asphyxia, occurring in the course of broncho-pneumonia in children, that he advises the use of the following formula:

R.—Cinnamon water 100 grammes.  
Ethereal tincture of  
phosphorus . . . 8 drops.  
Syrup of ether 20 grammes.—M.

The dose is a teaspoonful hourly.—*Lyon Medical*, September 1888.—*Med. News*.

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BALTIMORE, DECEMBER 1, 1888.

Editorial.

THE MEDICAL PRACTICE ACT.—The fact that the profession in this State has made a feeble attempt to regulate the practice of medicine is probably known to all, but in spite of the defects and drawbacks in the present provision little notice has been taken of it by the profession through the medical press of this State. It is therefore very gratifying when a busy practitioner cares enough for the welfare of his profession to discuss the subject in the columns of the medical press. Dr. Johnson, in a letter in this issue points out what he considers defects in the law and in its manner of enforcement. Of course all charlatans, quacks, unlicensed practitioners of all kinds, and even voodoo doctors should be the first ones to feel the effects of the enforcement of the law. Unfortunately, however, the want of funds, a lack of appropriation on the part of the legislature, has completely handicapped the board, as the members are naturally unwilling to proceed at their own expense. That uncertain thing called politics which seems to be at the bottom of so many public acts and appointments of this State, may have influence in retaining the enforcement of the law, and and if the board should ever have power

enough to act in regard to quack medicine probably little would be done in this direction, as the manufacturer of proprietary medicines in the State are quite strong enough to oppose any law objectionable to themselves.

In regard to classing the followers of Hahnemann and others with charlatans, however we may personally feel in this matter, we cannot help at present, recognizing the homœopathic physicians. The Virginia State Board has solved the problem by appointing several physicians of that school on their examining staff and they found it works very harmoniously. Strictly speaking there is probably no follower of Hahnemann in this city or elsewhere, but by many the name of homœopathic physician is still retained as being especially attractive to certain patients. An honest physician does what he can for his patient without regard to school or dogma and that reduces us all to eclectics.

Counter prescribing is another great evil which it is very difficult to remedy. Too strict legislation seems to be depriving the people of their rights. As was recently stated in these columns, the prescription belongs to the patient and he can have it refilled as often as he wishes, except, in some States, when it contains, powerful narcotics or dangerous medicines. It is a pleasure to have communications of this stamp from practitioners in earnest for the good of the profession and possibly others may be induced to express their opinions on this subject and thus suggest ideas which will improve the law in our State.

Miscellany.

TO MEDICAL MICROSCOPISTS.—In behalf of "The American Association for the Study and Cure of Inebriety" the sum of One Hundred Dollars is offered by Dr. L. D. Mason, Vice-President of the Society, for the best original essay on "The Pathological Lesions of Chronic Alcoholism Capable of Microscopic Demonstration."

The essay is to be accompanied by carefully prepared microscopic slides, which are to demonstrate clearly and



satisfactorily the pathological conditions which the essay considers.

Conclusions resulting from experiments on animals will be admissible. Accurate drawings or micro-photographs of the slides are desired.

The essay, microscopic slides, drawings or micro-photographs are to be marked with a private motto or legend and sent to the Chairman of the Committee on or before October 1st, 1890.

The object of the essay will be to demonstrate: *First*, Are there pathological lesions due to chronic alcoholism? *Secondly*, Are these lesions peculiar or not to chronic alcoholism?

The microscopic specimens should be accompanied by an authentic alcoholic history, and other complications, as syphilis, should be excluded.

The successful author will be promptly notified of his success, and asked to read and demonstrate his essay personally or by proxy, at a regular or special meeting of the "Medical Microscopical Society" of Brooklyn. The essay will then be published in the ensuing number of "*The Journal of Inebriety*" (T. D. Crothers, Hartford, Conn.) as the prize essay, and then returned to the author for further publication or such use as he may desire. The following gentlemen have consented to act as a Committee:

*Chairman*—W. H. BATES, M.D. F.R. M.S., Lond., Eng., (President Medical Microscopical Society, Brooklyn.) 175 Remsen St., Brooklyn, N. Y. JOHN E. WEEKS, M.D., 43 West 18th Street, New York; RICHMOND LENNOX, M.D., 164 Montague St., Brooklyn, N. Y.

**WARM FOOD v. DRINK.**—Indulgence in intoxicating drinks, though a consequence of diverse causes, is admitted to be in many cases closely connected with the want of suitable food. Among work-people this want is particularly felt. It is a common thing to find that in establishments where a number of persons are employed during the whole day no adequate provision, if any at all, is made for meals. Time only is allowed. We cannot, indeed, expect that all employers will cater for their work-people, though many firms do so. Such an arrangement, though sometimes convenient, is

not indispensable. In large manufactories or warehouses it would probably be impracticable. The employed must, in this case, provide for himself. In order to do this, unless his work be near home, two courses alone are open to him: either he must carry food for the day to the warehouse or factory, or he must rely upon some neighbouring restaurant for the supply of his needs. Given a conveniently situated eating-house, his difficulties are considerably lessened, and in large towns he may in this way obtain all that he requires. Still, it may be doubted if, even in the metropolis, his opportunities of refreshment, apart from the ever-open public-house, are all that could be desired. There is also the question of cost, and a very cheap meal may, with the addition to train or tram fares, become too dear for a short and burdened purse. If the day's provision is carried from home, the cost will probably be less, but meals must often be taken cold. Some change of plan seems here very desirable. It has often occurred to us that if an arrangement could be brought about by which the food and drink thus carried by the worker could be heated at his place of occupation, the effect of his health, comfort, contentment, and labour would justify its adoption. The cup that so often inebriates those it cheers would not then be, as it now too commonly is, the one article of diet possessing any apparent pretensions to warmth.—*Lancet*.

**THE MILK-CURDLING FERMENT OF THE STOMACH.**—Dr. E. G. Johnson has studied the action of the milk-curdling ferment of the stomach in the clinic of Professor Riegel of Giessen, and subsequently in the Sabbatsberg Hospital, Stockholm. Researches were made in twenty-four cases on the presence of the ferment and the pathological conditions relative to it. Fourteen of these patients suffered from hyperacidity, accompanied in four of them by moderate dilatation of the stomach. In one of these latter there was also hypersecretion of the gastric juice. One case had considerable dilatation of the stomach with hyperacidity and marked hypersecretion. In three cases the dilatation was insig-

nificant, but there was hyperacidity, complicated in one case by slight, and in another by very great, hypersecretion; in the third case the hyperacidity was accompanied by chlorosis. Three other patients suffering from hyperacidity were also the subjects of gastric ulcer. Dr. Johnson also examined four cases of hyperacidity with neither dilatation nor hypersecretion, of whom three were chlorotic; a case of catarrhal jaundice, four cases of severe chronic dyspepsia, and five cases of carcinoma of the stomach. The contents of the stomach were removed while the patient was fasting, and also four or five hours after food had been given for the purpose of the observations. Dr. Johnson sums up his researches as follows: 1. The milk-curdling ferment is a constant product of the glandular secretion of the stomach, and it is met with at all periods of digestion except in cases of cancer of the stomach, in which it is never found. 2. The ferment was also found in the hypersecretions of the gastric juice of a fasting patient after his stomach had been washed out the previous evening. 3. Gastric juice which contains hydrochloric acid, and which when neutralised causes coagulation of milk, does not appear to be affected in its action by the greater or less amount of acid contained in it at first. 4. The milk-curdling ferment does not pass into the urine. 5. The ferment is easily destroyed by an excess of alkali, and it is probably on this account that it does not pass into the feces under normal conditions. 6. During fever the ferment appears to be absent from the stomach. 7. The ferment causes coagulation more slowly in boiled than in fresh milk. 8. During the coagulation of milk by the ferment the reaction remains neutral, and lactic acid is not met with after coagulation.—*Lancet*.

**LIABILITY TO SCARLET FEVER.**—Liability to scarlet fever, according to an analysis of six thousand cases is very slight during early infancy, reaches the maximum about the fourth or fifth year and then constantly diminishes.—*Journal American Medical Association*.

## WASHINGTON NEWS AND COMMENT.

Dr. Friedrich is conducting a class in operative Surgery.

Dr. Houston, who for some time past has been the guest of Dr. C. E. Hagner, has returned to his home in Savannah, Ga.

Dr. J. O. Stanton has been elected an honorary, and Dr. T. M. Norton an active member of the Clinico-Pathological Society.

A course of Post-Graduate instruction in Gynæcology was inaugurated by Dr. George Woodruff Johnston on Tuesday last. There were 12 physicians at the preliminary meeting.

At a meeting of the Medical Association of the District of Columbia held on the evening of Tuesday, Nov. 15th; the following physicians were elected to full membership—Wm. A. Hammond, J. C. McGuire, A. B. C. Clement, and T. A. Taylor:—Dr. G. M. Brumbaugh was chosen an associate member.

It is gratifying to know that the Medical Association has repeated and made more forcible its previously expressed opinion in regard to the nature of the medical certificates furnished by its members to clerks in the various Governmental Departments. There is no question of the inadvisability of specifying the nature of the affection which prevents attendance at office. The writing of such certificates is, after all, simply a personal favor on the physician's part and should not for a moment be considered by the patient in the light of a professional obligation. It is impossible to specify the nature of the disability, as the phrase runs, in all cases, and for obvious reasons, it is therefore best to specify it in none. Through fear that its previous ruling has been regarded by its members, or by some of them, with considerable latitude, the Association has issued the following regulation;



"ARTICLE XXVII.—In Certificates on "account of illness given to employees "in the Public Offices, or others, respecting absence from official duties, the "disease shall not be specified, neither "shall the name or nature of the disease "be divulged by any written description "or statement of its symptoms given to "the patient himself, nor by any specification of the disorder, nor by any disclosure which may be construed into "an evasion of the meaning of this "Regulation.

### Medical Items.

Yellow fever has appeared on the U. S. Steamer Boston now in New York harbor.

Jacksonville reports a clear bill of health for the first time in almost three months.

Dartmouth Medical College, last week, conferred the degree of M.D. on twenty-six graduates.

Professor Gerhardt has been elected Rector Magnificus of the University of Berlin. Dr. Waldeyer is to be Dean of the Faculty.

The French War Department proposes to furnish its officers and soldiers with a belt containing a linen bandage ten feet long, two antiseptic compresses, and a safety-pin.

Dr. J. Williston Wright has resigned the Chair of Surgery in the University of the City of New York, and we learn that Dr. Lewis A. Stimson will succeed him.

The relations between alcohol and renal diseases is the subject of a debate to be held before the Pathological Society of London on December 4th and 18th.

The last number of the *Progrès Medical* of Paris is a number for students and contains a description of the important medical schools, hospitals and means of medical instruction of the world.

Loss of life from wild animals and snake bites is said to have been unusually great during the past year in India. In 1887, no less than 1,203 persons so perished, the number for 1886 having been 1,109.

It is reported that Dr. Sir William Jenner has resigned from the British Medical Association, the reason assigned being that he, as court physician, could not countenance the publication of the late Emperor Frederick's notes to Dr. Mackenzie in the *British Medical Journal*.

A school of dentistry for negroes, we learn from a Chicago newspaper, has been established in Nashville, probably as a department of the Meharry Medical School. The Meharry

School and Leonard Medical School, of Raleigh, N. C., are doing good work—better than the majority of medical schools for white people.

At the congress of the advocates of cremation recently held in Vienna it was stated that there are throughout the world fifty crematories, half of which are in the United States, twenty in Italy, and one each in Germany (Gotha), England, France and Switzerland.

At the next regular meeting of the Baltimore Academy of Medicine Dr. W. C. Van Bibber will read a paper on "The Yellow Fever in Florida and its Prevention," and Dr. Sternberg, among others, will be present to discuss it. An unusually large attendance is expected.

The Pasteur Institute was opened at Paris on November 14th, by President Carnot in the presence of numerous high officials and eminent visitors. Pasteur received a popular ovation when he advanced to deliver his address. He spoke chiefly of his indebtedness to those who had aided him in the organization of the Institute.

A posthumous work by Dr. W. B. Carpenter, under the title of "Nature and Man: Essays Scientific and Philosophical," will shortly be published by D. Appleton & Co. It will be accompanied by a somewhat extended memoir, written by J. E. Carpenter, in which an attempt has been made to portray Dr. Carpenter's chief aims as an investigator and teacher, and his character as a man.

In certain districts in Ireland an unrestricted traffic exists in an article known as ether, which is a cheap and powerful intoxicant. Owing to its use as an intoxicant, many serious crimes have been committed, and great moral and material injuries have fallen upon the humbler classes of the population, and the beneficent effect of liberal laws, passed for the suppression of intemperance, has been to a great degree defeated, inasmuch as the traffic referred to is not subject to any legal regulation or supervision such as controls the sale of other similar dangerous drugs.

The *Medical Press* reports the case of a young woman, of a highly nervous temperament, who had not menstruated for ten years, since the sudden arrest of the flow consequent on a fright. This suppression reacted on her, and made her a confirmed invalid. She had kept her bed for several years. The patient was anesthetized, and Dr. Chiarleoni made an incision in the median line extending through the epidermis only. This was sutured and covered with an antiseptic dressing. The result of the operation was surprising. On the third, fourth and fifth days after the operation there was a copious discharge of blood from the uterus, with lumbar and pelvic pain. The ultimate effect was a marked amelioration of the patient's general condition, and she was soon able to get up and take exercise.—*Boston Med. Surg. Journal*.

## Original Articles.

THE CAUSES AND PREVENTION  
OF THE OPIUM HABIT AND  
KINDRED AFFECTIONS.\*BY J. C. WILSON, A.M., M.D.,  
OF PHILADELPHIA, PA.

MR. PRESIDENT AND GENLEMEN, FELLOWS OF THE ACADEMY:—I desire to occupy your attention for a short time with the consideration of some of the causes which lead to the habitual abuse of narcotics and with some practical suggestions as to the means of preventing, or at least diminishing, the dangers of the formation of such vicious habits. The scope of my remarks does not include tobacco and alcohol, though much that I shall have to say has a direct bearing upon alcoholism. It is obvious, however, that any attempt to include that subject in the discussion, even in the most cursory way, would extend my paper far beyond the limits permitted me and the bounds of your forbearance.

I shall limit my remarks, therefore, to the opium habit, including the habitual vicious abuse of this drug and its derivatives, morphia, codeia and their various pharmaceutical preparations, and certain other drugs which have of late years become familiar to the public, the principal being chloral, cannabis indica, paraldehyde, ether, chloroform and cocaine. Furthermore, I shall confine myself chiefly to the consideration of opium and its preparations because they hold by an enormous preponderance the first place among these agents, and because, secondly, the general statements to be made in regard to them are in all respects applicable to the others.

There are no statistics to which we can turn for information in regard to the prevalence of these affections among the people. Attempts in this direction must in the nature of things be followed by inconclusive results. The legitimate uses to which the drugs concerned are put and the methods of their distribution for ultimate consumption are such as to

nullify deductions from the gradual increase of the amounts imported or manufactured. Not less vague and uncertain are inferences derived from the personal experience of practitioners or the reports of hospitals and private institutions for the care of patients suffering from these affections. A considerable proportion of the cases are liable to come under the observation of different physicians at various times both in private practice and in institutions, and hence to be reckoned more than once, perhaps even several times, in the count; while a still larger number, for obvious reasons, either fail of record in medical literature or escape detection altogether. Nevertheless, the records of the Police Courts, the verdicts of coroners' juries, the statistics of public and private institutions and, above all, the experience of practitioners at large testify to the enormous extent of these habits and the vast amount of suffering and sorrow to which they give rise. Further testimony is to be found in the advertisements of specifics and sure cure for the opium habit which are common in newspapers and popular journals.

The subject merits our most serious consideration, not only on account of the extent of the prevalence of these habits and the disastrous consequences which they entail upon their individual victims and society at large, but also because the medical profession is to a great extent responsible for their existence. The extent to which we are individually responsible is perhaps slight; the extent to which we are responsible as a body is enormous. We have become too familiar with the dangers of narcotics, which we thoroughly understand. Familiarity has bred, if not contempt, an easy-going indifference far more dangerous than contempt. The people, with that little knowledge which is proverbially dangerous, and doubly dangerous in medical matters, have grown familiar with narcotics without becoming aware of the risks that attend their use.

I believe that to point out the relation of the profession to the general subject of the abuse of narcotics and to make clear the part played by medical men in

\*Read before the American Academy of Medicine, at its Annual Meeting, November 13th, 1888.



the causation of such habits would go far toward checking their spread. To accomplish this, the appeal must be made to the leaders of thought among us; to those who are seeking to elevate the standard of education, to exalt the aims, to strengthen the moral tone, to increase the usefulness of the medical profession and enhance its dignity in the eyes of the world. Aims such as these, which are the declared objects of this body, carry with them corresponding responsibility. To you then I present the cause I plead; not my cause alone, but the cause of the whole medical profession, and above all the cause of the innumerable unfortunates who by reason of unstable nervous organization and weakness of will, whether the result of heredity, or of acute painful disease or of chronic invalidism, have fallen, are falling every day, into a condition of habitual dependence upon narcotics—a condition as abject and miserable, and after a time almost as hopeless as can be the lot of mankind.

The influences which lead to the habitual abuse of narcotics may be arranged under three general heads—example, suggestion and prescription.

(a) Example—From what is known to us of the miseries of the life of these people, it would seem almost incredible that any should be led into such habits by the mere force of example, yet this has come under my personal observation on two occasions.

A Frenchman, bright, well educated, well to do and in good health, had a friend, a morphia eater. They lived upon the most intimate terms, passing their evenings together in conversation and congenial amusements. The morphia eater communicated his habit to his friend, who became a confirmed victim. Years afterward, this man, then an inmate of the Philadelphia Hospital, a pauper and utterly broken in health, told me that he attributed his habit to example in its simplest form.

There is now in my wards in the same institution a bright fellow, thirty-five years of age, a printer, who has for fourteen years consumed a daily amount of opium reaching a maximum of 100

grains, or of morphia reaching a maximum of 15 grains, and rarely falling to a minimum of one-half these quantities, who states that at the age of twenty-one years he was led to use opium for its stimulating effect from frequently observing a bookkeeper in the office in which he was employed in the act of gratifying his indulgence in this drug.

According to Jonet—whose assertions are corroborated by occasional statements in the French newspapers—the habitual injection of morphia is to-day, in France, at least, almost a matter of fashion. Landowski states that friendship is occasionally pushed to the extent of exchanging pretty syringes in silver cases as presents and that a patient received upon his birthday a hypodermic syringe as a gift from his sister. Zambaco, whose observations were made at Constantinople, states that among the Moslems, the opium habitués preferred the crude drug either alone or associated with certain aromatic substances, such as ambergris, canella or saffron, which are used for their aphrodisiac effect. These mixtures are prepared openly in the family and carried upon the person in the form of pills in little boxes of gold and enamel, among the better classes. This observer further states that the ladies of wealthy families carry jeweled cases containing hypodermic syringes and artistic flacons for the seductive solution, and that they avail themselves of favorable opportunities to take an injection of morphia even when together.

(b) Suggestion—Very much more frequent and important is suggestion as a cause of these habits. The reading of De Quincey's Confessions, and of some parts of the autobiographical writings of Coleridge and other similar literary productions, the study of the uses and effects of narcotic drugs by students of medicine and of pharmacy, the familiar use of these drugs on the part of physicians, druggists, nurses and hospital stewards, exert a potent influence in the formation of habits of dependence upon them as stimulants.

Of the 110 cases observed by Levinstein, 47 occurred in persons belonging to the medical profession or dependent

upon it; thus, 32 physicians, 8 wives of physicians, one son of a physician, four nurses, one midwife and one student of medicine. Among my own cases, there have been six physicians, one wife of a student of medicine and one dentist. Dr. Mattison has recently collected some very interesting statistics which show a large percentage of physicians among the cases treated in institutions.

The disposition shown by small numbers of depraved individuals of both sexes to yield to the seductions of the opium smoking dens of the Chinese in the larger cities of this country must be attributed to the same cause, the suggestions of newspaper articles descriptive of this vice often inducing idle and irresponsible persons to try it for themselves.

(c) Prescription—Both example and suggestion may, and frequently do, give rise to the opium habit in the absence of sickness and pain. Further, these two causes play almost an insignificant part when compared with the third of the causes which I have enumerated, namely, the prescription of narcotic drugs on the part of physicians.

The responsibility of the physician to his patient becomes apparent when we reflect that in the western world, with very few exceptions, the opium habit is the direct outcome of the use of the drug as a medicine. Pain holds the chief place among the influences which predispose to the formation of the opium habit. By far the greater number of cases have taken origin either in acute sickness, in which opium, administered for the relief of pain, has been prolonged into convalescence, until the habit of taking it has become confirmed, or in chronic sickness where recurring pain has called for constantly repeated and steadily increased doses of opiates. In view of the frequency and prominence of pain as a symptom of disease and the ease and efficiency with which opium and its preparations control it, the remote dangers attending the guarded therapeutic use of these preparations are indeed slight. Were this not so, the number of the victims of the opium habit would be lamentably greater than it is. In a considerable proportion of the cases

of painful illness, the relief afforded by opiates is attended by some degree of malaise, nausea, vomiting and vertigo—symptoms which render the speedy discontinuance of the remedy scarcely less desirable than the control of the pain for which it is administered; occasionally these symptoms are so distressing as to render opium wholly inadmissible. In other instances, each successive dose is attended by an aggravation of the distress; more commonly, especially in acute illness, decreasing pain may be controlled by diminishing doses, thus rendering practicable entire discontinuance, before those modifications of the nervous system, and especially before that tolerance for large doses which constitutes the beginning of the opium habit, are established. For these reasons, the use of opiates in acute sickness, if properly regulated, is attended with but little danger.

Far different is it, however, in chronic painful illness. Here to procure relief by opium is too often to pave the way not only to an aggravation of existing evils, but also to others which are of a far more serious kind. Opium is at once an anodyne and a stimulant. The temptations to its use are most seductive. To the overworked and underfed wage-worker, it is a snare more tempting than alcohol and less expensive. It allays the pangs of hunger, it increases the powers of endurance, it brings forgetfulness and sleep. If there be myalgia, or rheumatism, or neuralgia, and especially the dispiriting visceral neuralgia so common among the poorer classes of work people, opium affords temporary relief.

The medical man, suffering from some painful affection, the worst symptoms of which are relieved by the hypodermic injection of morphine, falls an easy prey to the temptation to continue it, a danger increased by the fact that he is too often obliged to work when ill or to resume work before convalescence is complete. Indeed, the self-administered daily doses of physicians sometimes reach almost incredible amounts.

To women of the higher classes, tormented with neuralgias or the vague pains of hysteria and hypochondriasis,



opium brings for a time tranquillity and self-forgetfulness. There can be little doubt that among women of refinement, opium is often used as a stimulant in place of alcohol because its effects are less noticeable and degrading.

Of 100 cases collected by Jouet, the habit followed the therapeutic use of morphine in 32 cases of ataxia, 24 of sciatica and other neuralgias, 8 of asthma, 2 of dyspepsia, 4 of hypochondriasis, 2 of madness, 9 of painful tumors, 2 of prostatic inflammation, 7 of nervous conditions not specified, 1 of peritonitis, 2 of periostitis, 1 of gastro-enteralgia, 4 of pleuritic pains, 1 of contracture and one case of hæmoptysis.

The habit resulted in Levinstein's 110 cases from the following causes: In 20 men and 6 women, after acute affections; in 46 men and 18 women, after chronic affections; these diseases being in each instance accompanied by great pain. One man began to use morphine as an antaphrodisiac, either to produce mental excitement simply, or to cause forgetfulness of the daily cares of life; 15 men and 5 women indulged to an uncontrollable extent. Levinstein does not, however, regard the conclusion that the abuse of narcotics is more common among men as warranted by these figures. If we include, with opium and its pharmaceutical preparations, chloral, it is probable that in the better walks of life, where the use of alcohol is much less common among women than among men, the habitual use of narcotics is quite as common, if, indeed, not more so, among women.

In view of the foregoing facts, it is obvious that an enormous proportion of the cases of habitual vicious narcotism are due to the amiable weakness or thoughtlessness of medical men. Anodynes and hypnotics are necessary; their judicious employment constitutes a part of the daily duty of practitioners in all departments of medicine. The drugs which possess these properties to the highest degree and are most available for therapeutic purposes are, at the same, capable of producing in increasing doses those modifications of the nervous system which lead to an acquired tolerance,

and of becoming with usage stimulants. They are hence, without exception, seductive and dangerous. It is, however, necessary to administer drugs of this nature in painful affections to all kinds of patients. These drugs must be administered to individuals suffering from diseases manifestly incurable, as visceral and external cancer, certain cases of advanced phthisis, confirmed saccharine diabetes and tabes dorsalis. In such cases, the use of morphine in large and repeated doses, although attended with unavoidable evils, amounts to a positive boon; it is neither practicable, nor would it be desirable to interfere with it.

A second class of chronic cases includes individuals suffering from diseases which are remediable, or at least capable of decided or prolonged amelioration. Among these affections are painful diseases curable by surgical procedures, such as certain obstinate or intractable localized neuralgias, painful neuromata, irritable cicatrices, pelvic and abdominal tumors, and surgical affections of the joints and extremities. To this class also belong certain painful affections occupying the border region between surgery and medicine. These are floating kidney, renal and hepatic abscesses, calculus pyelitis, impacted gall-stones and thoracic and abdominal aneurism. Here the use of narcotics is justifiable only pending or during treatment having in view the patient's temporary or permanent restoration to ease. Such drugs must therefore be used with a sparing hand, and discontinued without the slightest show of indecision on the part of the physician at the earliest possible moment.

There is also a large group of chronic painful affections coming properly under the care of the physician, in which it is necessary to relieve pain by the use of narcotics. This group includes curable neuralgias of superficial nerves, as trigeminal, occipital, brachial, intercostal, crural, sciatic and visceral neuralgias, as the pain of angina, gastralgia, enteralgia and pelvic and reflex neuralgias of women. Here, also, are to be mentioned the pains of neurasthenia, hypochondriasis and hysteria. It is in this group of cases that the physician, in his attempt to re-

lieve suffering, stands in the greatest danger of doing incalculable harm. His prescriptions enable the patient to procure too often at will the coveted means, not only of relieving physical pain, but also of counteracting mental depression. The recurrence of pain not only justifies repetitions of the dose, but the dose itself calls for its renewal from time to time in imperious tones. Out of the occasional employment of a medicine to relieve pain, comes its routine use to satisfy craving, and thus the patient's will succumbs to the iron force of habit, and a new malady, chronic, grave, secret and blasting in its effects, both upon body and mind, supplants or overshadows the old. Far less dangerous, for reasons that I have already pointed out, is the employment of narcotics in acute painful diseases. Under ordinary circumstances, they are abandoned before convalescence sets in; it is only exceptionally, and then in individuals of neurotic constitution, that their use drifts into abuse.

Finally, I allude, purposely without dwelling upon it, to the part played by the apothecary in this matter. The question is too great to be undertaken in this paper. Nostrums containing narcotics, and particularly opium and morphine, in proportions that occasionally produce fatal results are freely dispensed by the shops to all comers. Prescriptions calling for large amounts of opium, morphia, codeia, chloral, etc., are dispensed to the same individuals at short intervals over the counters of apothecaries for months and years after the illness for which they were originally prescribed is over. Yet more, occasional cases come to light which serve to indicate the appalling frequency with which opium, its tinctures, morphine and solutions of chloral are directly sold to unauthorized individuals. If the evil thus accomplished were better understood, the paltry profit realized from such nefarious trade would rarely tempt men to the commission of the crime which these practices constitute.

We now come to the consideration of the means by which the dangers of the formation of vicious habits in regard to narcotics may be diminished. The dis-

semination of a wholesome knowledge of the methods by which the opium habit and kindred affections are induced, of the serious character of these affections and of the dangers attendant upon an ignorant and careless employment of narcotics, would constitute an important measure of prophylaxis. I am fully aware of the evils resulting from the publication of sensational writings relating to these subjects; notwithstanding these dangers, I am convinced that a reasonable and temperate presentation of the facts in the popular works upon hygiene used in schools and in the family would exercise a wholesome influence in restraining the tendency to the practice of these vices. Under such influences, example and suggestion would lose much of their force; and the evils necessarily attendant upon the prescription of narcotics in medicine would also be greatly diminished.

I venture to make the practical suggestions which follow. When necessary at all, the use of narcotic drugs should be guarded with every possible precaution. In the first place, in so far as it is practicable, the patient should be kept in ignorance of the character of the anodyne used and of the dose. In the second place, the physician should personally supervise and control, in so far as is possible, the use of such drugs and the frequency of their administration, taking care that the minimum amount capable of producing the desired effect is employed. In the third place, the occasional alteration of anodyne medicaments is desirable. Fourthly, the effort—which is too often likely to be unsuccessful—should be made to prevent renewals of the prescription without the direct sanction, or, indeed, without the written order of the physician himself. When the physician's professional relation with any given case terminates, he should see to it that the taking of narcotics, in so far as his responsibility for it goes, likewise ceases, and this in clear conscience and good faith, not to satisfy his sense of duty, but to protect his late patient. Finally, the danger of yielding to the temptation to allow a merely palliative treatment to assume



too great importance in the management of painful affections must be shunned. Too often these precautions are neglected, and the patient, betrayed by a dangerous knowledge of the drug and the dose, and tempted by the facility with which the covert narcotic may be obtained, falls an easy victim to habitual excesses. The lowered moral tone of convalescence from severe illness and of habitual invalidism increases these dangers. Yet more reprehensible than the neglect of many physicians in this matter, is the folly of the few who do not hesitate to fully inform the patient in regard to the medicine given to relieve pain and produce sleep, and to place in his hands the means of procuring them without restriction for an indefinite period of time. Almost criminal is the course of those who intrust to the patient himself, or those attendant upon him, the hypodermic syringe. No trouble or inconvenience on the part of the physician, no reasonable expense on the part of the patient in procuring continued medical attendance, for the sake of relief from pain can ever off-set, save in cases of the final stages of hopelessly incurable painful affections, the dangers which attend self-administered hypodermic injections.

The uniform and efficient regulation of the sale of narcotic drugs by law would constitute an important prophylactic measure against habitual narcotism. Unfortunately, the existing laws relating to this subject are a dead letter; they are neither adequate to control the evil, nor is their enforcement practicable.

**CEREBRO-SPINAL TUBERCULAR MENINGITIS.**—The morbid process in cases of this disease need not be limited to the meninges, the actual substance of the spinal cord being invaded. A single nodule of grey granulation has been found at times embedded in the medulla oblongata, and looking as if it exactly replaced the natural tissues. Very likely odd symptoms of "meningitis" may receive an explanation from such an occurrence.

## A CASE OF HYDROSALPINX AND CYSTIC OVARY. LAPAROTOMY.—CURE.

BY RANDOLPH WINSLOW, M.D.,

Professor of Surgery in the Woman's Medical College of Baltimore.

Mrs. M., aged 27 yrs, white, married but deserted by her husband, has one child 4 years of age, has had no miscarriages. She has had leucorrhœa for two years followed by pain in left side, but none in right side. For the past four months the pain has been nearly constant, and especially severe at the menstrual periods. She is entirely incapacitated for work. She has frequent spells of reflex nausea and vomiting which are very difficult to control, and at times she almost goes into collapse. The appetite is poor, the patient debilitated and anæmic. Has much headache, and backache, and is nervous and hysterical. Physical examination, uterine enlarged, leucorrhœa abundant, under chloroform nothing is to be discovered upon the right side, ovary not palpable. On the left side there seems to be a boggy swelling high up. She is always made worse by an examination, so that she must remain in bed one or more days subsequently. Upon the right side pressure is not painful, on the left, it is intensely painful. She has uterine hæmorrhages not only at the menstrual periods but at irregular intervals. Diagnosis—Salpingitis. Admitted to Hospital of the Good Samaritan, and after a few weeks in which the behavior of the case was studied, laparotomy was proposed and accepted.

Operation on September 23rd, 1888, in small operating room of hospital. Present, Profs. Ashby and Jay, and Drs. C. Winslow, J. R. Winslow, F. M. Latham and the resident physician, Dr. Jas. H. Hodges. Chloroform anæsthesia. Preparation of patient—pubes shaved, abdomen scrubbed with soap and water, then washed with ether, then with sublimate solution 1 to 2000. Surgeon, assistants, and paraphernalia having been thoroughly disinfected, an incision was

\*Read before the Clinical Society of Maryland, October 19th, 1888.

made in abdomen, 3 inches in length, but the incision did not strike the linea alba, and the fibres of the rectus were separated with a director. After opening the peritoneal cavity, two fingers were introduced, when it was found that the left ovary and tube were enlarged and cystic and adherent to the pelvic wall, requiring much care and trouble in their separation, and leaving a number of bleeding points which were ligated with catgut. There was considerable difficulty in bringing the ovary and tube sufficiently into view to tie the pedicle, but this was finally done; silk which had been boiled and sublimated being the material used for the ligature. The right ovary was examined and was found adherent to the pelvic wall, but as she had never complained of this side, the ovary was allowed to remain. The peritoneal cavity was flooded with hot boiled water, until the water returned almost unstained. The incision was closed by a continuous catgut suture to the peritoneum, then a heavy silk interrupted suture including all the tissues external to the peritoneum, finally a superficial continuous catgut suture to the edges of the skin. Dressing—Powdered iodoform on incision, then wet iodoform gauze, several layers, then bichloride gauze and absorbent cotton and finally the bandage. After history almost uneventful, most unpleasant symptom, a sensation of distension from flatus, which gradually subsided—some pain which required the exhibition of anodynes a few times. Catheter used for a few days—First 24 hours nothing given but a teaspoonful of hot water occasionally, subsequent by teaspoonful doses of milk, gradually increasing the quantity—Bowels moved about 6th day with compound licorice powder—Stitches removed on 10th day, when the whole incision was found to be healed. As to the ultimate result of the operation it is too soon to form an opinion. The patient is going around, feels well, and expects to go to work in a week. The whole course of the case subsequent to the operation has been essentially afebrile; as the appended chart will show:

Sept. 23rd.	A.M.	P.M.	T 99 $\frac{3}{4}$	P 100
24th,	" T 99 $\frac{1}{2}$	P 98	" " 99 $\frac{3}{4}$	" 99
25th,	" " 98 $\frac{3}{4}$	" 98	" " 99	" 92
26th,	" " 99 $\frac{1}{2}$	" 96	" " 99 $\frac{1}{2}$	" 90
27th,	" " 99	" 88	" " 99 $\frac{3}{4}$	" 90
28th,	" " 98 $\frac{3}{4}$	" 86	" " 99 $\frac{1}{2}$	" 84
29th,	" " 98 $\frac{3}{4}$	" 88	" " 99 $\frac{1}{2}$	" 90
30th,	" " 99	" 92	" " 99 $\frac{1}{2}$	" 84
Oct. 1st,	" " 98 $\frac{3}{4}$	" 84	" " 99 $\frac{1}{2}$	" 102
2nd,	" " 98 $\frac{3}{4}$	" 86	" " 99 $\frac{1}{2}$	" 92
3rd,	" " 98 $\frac{3}{4}$	" 84	" " 99 $\frac{1}{2}$	" 82
4th,	" " 98 $\frac{3}{4}$	" 84	" " 98 $\frac{3}{4}$	" 88
5th,	" " 98 $\frac{3}{4}$	" 84	" " 99	" 90
6th,	" " 98 $\frac{3}{4}$	" 86	" " 98 $\frac{3}{4}$	" 84

Pathological appearance of parts removed.

The tube was nearly as large as the little finger and was of a reddish color. At its fimbriated end it was adhered to the ovary, and was dilated into a pouch. Fluctuation was distinct and when the tube was incised quite a quantity of reddish fluid escaped. The tube was pervious to the uterus. The ovary was 2 or 3 times its normal size, and was the seat of several cysts, its proper structure apparently being pretty much destroyed. The cysts in the ovary did not communicate with the tube.

### Society Reports.

#### THE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD NOVEMBER 13, 1888.

The President, DR. OPIE, in the Chair.

#### TWO OVARIOTOMIES WITH UNUSUAL COMPLICATIONS.

BY THOMAS OPIE, M.D.

CASE I.—Mrs. B., married at 25 years of age. Nine months afterwards, in March, 1883, 1 was called to see her when suffering from an acute retroflexion of the uterus at the middle of the third month of gestation. Manual efforts to replace the organ failed. A colpeurynter was introduced at 8 P. M. and on my visit the following morning, the uterus was replaced. At the expiration of seven



months of pregnancy, she had a premature delivery. The child died in 24 hours. Conception occurred again in a year and she aborted at the end of the second month. Upon the recurrence of menstruation, she began to have trouble with the right ovary. At every ovulating period this ovary became swollen to the size apparently of a hen's egg. Later it suddenly disappeared and was followed by tenderness, nausea and vomiting. Her pulse was about 120 and temperature ranged from 102° to 103°. These symptoms lasting for three or four days, were repeated at four or five successive ovulations. The case drifted away from me and returned in March, 1888. She said she first noticed an enlargement in the right side in October, 1885, which gradually grew until it filled the abdomen.

Ovariectomy was performed April 29th, 1888. When the peritoneum was opened, it was found to contain three gallons of ascitic fluid, a sample of which was taken for examination.

The patient took chloroform so badly, that ether was substituted. On the escape of the fluid, the respiration, which was so embarrassed, that it threatened to debar the progress of the operation, grew fuller and slower, and the anæsthesia became entirely satisfactory. The sac was emptied and a sample of its contents secured. The solid part of the tumor was large and the adhesions to the intestines very extensive. A segment of the sac—about six inches square—which could not be separated from the intestines without great risk, was left. The action on the part of the right ovary, prior to the development of the ovarian tumor, was peculiar. Either there was an abnormal maturation or rupture of an ovisac or a thin wall cyst acting as the dermoid cyst sometimes does, ruptured and induced a peritonitis monthly, at the time of ovarian activity. This was likely the beginning of the ascites and the Drysdale corpuscles in the peritoneal fluid may have been derived from this source.

I herewith subjoin the microscopic examination of the contents of the peritoneal and sac cavities, as made by Dr. N. G. Keirle.

**PATHOLOGICAL HISTOLOGY OF THE OVARIAN  
TUMOR REMOVED BY DR. OPIE.**

This ovarian growth is an ovarian cystoma described by Rindfleisch ("*Pathological Histology*," vol. ii., p. 180. Syd. Soc. Ed.) as Form II. Single ovary usually affected, a few large cysts and numerous smaller ones; "the surface of the tumor is nearly always connected with the peritoneum by a large number of inflammatory adhesions traversed by veins of considerable size;" cyst walls thin and lacerable and contents mixed with blood and blood pigment; microscopically these cysts are lined with epithelium and traversed with bands of connective tissue and throughout the structure are numerous corpuscles described by Drysdale, which, perhaps, are the granular cells, normal in the inter-follicular stroma, as described by His in *Stricker's Histology*, vol. ii, p. 195. Syd. Soc. Ed.: This tumor is a cystoma due to colloid degeneration of the ovarian the stroma; cyst contents coagulate firmly, on addition of nitric acid, due perhaps to admixture of blood serum.

Ascitic fluid from same case contains numerous Drysdale corpuscles which may indicate that the abdominal dropsy supervened upon—was caused by escape of irritant cyst contents; fluid firmly coagulates with nitric acid.

N. G. KEIRLE, M.D.,  
Dem's of Path.

**CASE II.**—Mrs. C. was operated upon Nov. 4th, 1888, for the removal of an advanced cystomata. In July last she fell down a steep stairway and struck her abdomen against a chair. Acute peritonitis ensued from which she was critically ill.

A considerable amount of solid elements was recognizable in the tumor in the right hypochondrium at the point where the blow was received.

The incision in this, as in the first case, was extended above the umbilicus and was seven inches long. It was made directly through the umbilicus, its length having been essential to the separation of the adhesions and the removal of the solid part of the tumor. Three-fourths of the sac wall was ad-

herent to the structures around it. A section of it about six inches long and four wide, which could not be detached from the intestines, was trimmed closely and left in situ.

Having stanching all hemorrhage and cleansed the abdominal cavity, the whole surface of the peritoneum and the remaining part of the sac, were insufflated with iodoform, selected with a view to its purity, dryness and thoroughness of levigation.

The peritoneum was evenly closed with fine Chinese silk by a continuous suture and the walls of the wound so secured by interrupted silver wire sutures a half inch apart, as to fit together in the successive layers, structures of the same kind.

In this, as in the other case, Keith's glass drainage tube was inserted, in view of the remaining segment of the cyst wall and the extensive peritoneal traumatism. The temperature rose to its highest, 102°, on the second day and the pulse ran up to 120. Vomiting and straining, abdominal tenderness and tympanites, pointed to peritonitis, which lasted for four days. The pulse continued above 100 for a week and was the last symptom of the group to abate. The incision healed in both cases by first intention. There was no discharge, except a few drops of odorless, sanious serum to exude from the drain tubes. Both tubes, were removed on the 10th day and iodoform blown on the margins of the opening. I have great confidence in the restraining influence of iodoform on the exudation of serum from the wounded peritoneal surfaces. It constricts the capillaries and dries thoroughly the whole serous investment of the abdomen, in most cases doing away with the necessity for drain tubes and foreclosing the fresh wounds from receiving germs of empoisonment. In these two operations the drainage tubes might well have been omitted. Greig Smith says, when in doubt, drain. Fewer cases have died from drainage than from the want of it. It seems likely, however, that drainage tubes will be less and less used and will belong, after awhile, like the clamp, only to the history of ovariectomy.

*Dr. T. A. Ashby* then read a paper on

#### LAPAROTOMY FOR ASCITES.

The object of the paper was to demonstrate the value of an exploratory laparotomy as an aid to the diagnosis and treatment of ascites in those cases where the cause of this condition could not be referred to structural changes in well-known organs as the liver, kidneys, heart or spleen, or to inflammatory conditions, but was evidently dependent upon mechanical influences. Ascites could be referred to a large number of causative influences and its successful treatment depends largely upon an ability to ascertain and remove the cause. Its dependence upon intro-abdominal and intro-pelvic growths was well recognized and its disappearance after the removal of such growths was an established fact. While such growths often demanded removal for other symptoms than those referable to the ascites, this latter condition was a plain indication in certain cases. Where the diagnosis of the cause of ascites could not be clearly established and this symptoms did not yield to the influence of drugs exploratory laparotomy was advised as the most rational way of ascertaining the cause and it afforded a remarkable hope of being able to remove the influence at work in the production of the effusion. Exploratory laparotomy, aseptically performed, was a safe procedure and should be undertaken when the indications clearly pointed to a mechanical cause of the ascites.

In confirmation of the value of laparotomy for this condition a case was related with the following brief history: A young lady, single, aged nineteen, began to suffer with menstrual disturbances in January, 1888. Her health became depreciated and about May 1st an abdominal enlargement was first noticed. On June 1st ascites was so pronounced and she became so distressed that paracentesis became necessary. Drugs previously administered had failed to reduce the effusion. Two gallons and a half of ascitic fluid were removed. The effusion immediately returned and by June 10th the abdomen was as large as prior to the



operation. An exploratory laparotomy was now made and a wild tumor the size of a hen's egg was found in the pelvis behind the uterus. This was enucleated and removed. The effusion was referred to this cause, the tumor acting mechanically upon an important blood vessel had occasioned the ascites. Recovery followed the laparotomy and up to the present date there has been no return of the ascites, though over five gallons had accumulated within thirty days prior to the removal of the tumor. The diagnosis of the tumor could not be made prior to the laparotomy. The discovery and removal of the cause by intra-abdominal exploration led to a recovery of the patient from the ascites. Drugs could have been of no curative value in this case and paracentesis was only temporary and palliative in its aim. The procedure was advocated as rational in its intent and possibly curative in its results in each condition of ascites of pronounced mechanical origin.

#### DISCUSSION.

*Dr. Opie* thought that *Dr. Ashby* was to be congratulated on the success of his laparotomy. There is however, a great danger in laparotomies, that are merely exploratory. All such cases do not turn out so happily as this one. There is a fascination in the novelty of such procedures and a danger of being swerved by them from our conservatism in surgery. Had the tumor been larger or situated elsewhere than it was, either in the abdominal or pelvic cavities, it would likely have been found after tapping either by palpation or this mode of exploration combined with vaginal or rectal touch. The recent advance in the knowledge of palpation, has added to the value of the trocar. Its use as an exploratory method should not be too much depreciated, since it is simple and much safer than laparotomy and has its legitimate sphere in the management of cystomas. It occurs sometimes that the patient has some acute disease and tapping might be restored to, where the more heroic operations of laparotomy or ovariectomy would be contraindicated.

Again, a patient with ascites or cystomata may be too anæmic or debilitated for operation and we tap to obtain time for tonic treatment. A singular case came under his observation a few days since, which has some bearing upon the cases recently published of ovariectomy during pregnancy. It was a lady 34 years of age who had borne 5 children. After the birth of the first child a cystoma developed and was tapped; subsequently she bore to full term two children and was tapped the second time while pregnant with her third child. The third time she was tapped was during her fifth pregnancy. Since the last birth two years have elapsed and the abdomen is again as large as at the eighth month of pregnancy. The four children born since the first appearance of the cystoma, were fully developed and vigorous at birth and three of them are still alive.

*Dr. Ashby* said that he was sorry to be obliged to call in question the opinion of *Greig Smith*, expressed by *Dr. Opie*, in regard to the value of hot water as a hæmostatic. It is well-known that hot water stimulates a temporary flow of blood to the capillaries and primarily increases hæmorrhage, but this effect is only transient and is now followed by a shrinkage of the vessels and a cessation of hæmorrhage. It therefore becomes a most reliable hæmostatic agent and perhaps the best at the surgeon's command in cases of capillary bleeding. In abdominal surgery, hot water is equally useful in relieving the depression following prolonged exposure of the viscera and as a cleansing agent. It is in the speaker's opinion the best hæmostatic he had ever employed in abdominal work where there was capillary bleeding.

He admitted the force of *Dr. Opie's* remarks in reference to the operation of paracentesis, but in the case related by him he believed the value of an exploratory incision was fully established. The opening of the abdomen was a fairly harmless procedure and where the diagnosis was in doubt and a mechanical cause was manifest, an exploration should be made to determine, if possible, the nature of the cause, and attempt at its

removal should be made if possible. He did not question the value of drugs or of the trocar in properly selected cases. Medicine should yield to surgery when its mission had proven useless and where surgical intervention gave a hope of satisfactory results.

*Dr. L. E. Neale* referred to one case of his own that illustrated the good result of laparotomy for ascites in a manner even more striking than the case of *Dr. Ashby*.

It was in a colored girl who presented a uterine fibroid accompanied by ascites due to no other discoverable cause than the local irritation of the peritoneum by the tumor.

*Dr. Neale* removed three gallons of ascitic fluid by laparotomy and at the same time took out the tubes and ovaries but left the tumor in situ. This was over two years ago: There has been no return of the ascites and the tumor has now entirely disappeared.

He was unable to satisfactorily explain this alteration in function of a serous membrane by substituting one irritant for another, especially where, as in his case, the primary irritant remained for a very considerable period.

Laparotomy for ascites in certain cases was a well-known plan of treatment that had been thoroughly demonstrated as justifiable by the brilliant results of Mr. Lawson Tait and other laparotomists. In the present light of pathology on this subject he was at a loss to discriminate between therapy, trocar and knife and thought each case must be decided on its own merits.

With reference to the removal of the second ovary when one had to be taken out on account of serious disease, he thought we were still in the dark.

For although Mr. Tait held it to be better to remove both where any doubt existed, he had in his own experience one case to prove the exception.

This was his first case of ovariectomy where a large unilateral multilocular cystoma was removed, and where the second ovary although somewhat enlarged and presenting numerous cysts about the size of a pea on its surface was after much opposing advice by experienced laparotomists, left in with the

result that the woman has since borne three fine children.

*Dr. Neale* exhibited specimens from his own cases where relief from hysteria, hystero-epilepsy, dysmenorrhœa, etc., had followed the removal of these so-called cystic ovaries which, upon examination by an expert pathologist, were declared to be not sufficiently diseased to account for these disorders.

From his own experience he was forced to believe that the severest functional disorders might arise from ovaries that were neither macroscopically nor microscopically diseased, and he was unable always to tell what constituted a diseased ovary.

This case was especially interesting as it had been previously treated by another physician with a useless therapy and the trocar.

*Dr. G. W. Miltenberger* referred to the practical difference of opinion between the pathologist and the gynecologist as to the significance of effect of the so common cystic condition of the ovary. He also spoke, in connection with oophorectomy, of the statistics of Mr. Tait and others, as showing the advantage of removing both ovaries.

#### REMARKS ON PAPERS OF DRS. OPIE AND ASHBY.

*Dr. B. B. Browne* related Spencer Wells' experience as told at Washington, and went fully into the subject of removing both ovaries. Wells leaves the choice to the patient whether or not he shall remove the other ovary if he finds its condition doubtful at the time of operation. Some patients will request it to be left if there is the slightest chance of their being offsprings. Others again request its removal if there is any probability of its becoming diseased.

#### CHRONIC INFLAMMATION OF THE VULVO-VAGINAL GLAND.

BY WILLIAM PAWSON CHUNN, M.D.

Chronic inflammation of the vulvo-vaginal gland is a rare disease and not very frequently observed. It may be



that while listening to these remarks others present may recall similar recollections. Such recollections are what is desired and which give to a discussion its value and make it of interest. Cases sometimes occur where acute attacks of inflammation do not subside in the usual way, but continue with frequent exacerbations, leaving the gland in a permanently pathological condition. For illustration, we may take the tonsil, which inflames, swells, suppurates and bursts, and which continues so to do until finally extirpated. My attention was first called to this trouble by a patient who complained of a mucons discharge about the vulva. She had had gonorrhœa sometime before and considered herself well, with the exception of the symptom mentioned. The discharge appeared at irregular intervals and was of a viscid, glairy nature. Naturally thinking it was from the uterus or vagina, I made a vaginal examination, but failed to detect the cause; the gland, at the time, being hid behind the speculum. A subsequent examination, however, was successful and a hard, nodular swelling was located at the site of the right vulvo-vaginal gland. The swelling was perforated by two or three small openings, which, upon pressure, gave vent to the peculiar fluid already mentioned. It was a source of considerable trouble to the patient and beside producing an eczematous eruption, was the cause of dyspareunia. This condition was treated by applications of iodine, introduced into the sinuses, and, although some improvement resulted, a cure was not established. A second case, somewhat similar, came under my notice about the same time and with the same symptoms, but without any discharge. This proved to be a cyst of the gland, and was, afterwards extirpated, much to the relief of the patient. A cyst, however, is not to be considered under the head of chronic inflammation, and is only mentioned as an aid to a proper diagnosis. A short time ago I was called in consultation to see a lady who was supposed to be suffering with a lupus or ulcer, on the vulva, accompanied by a continual discharge, and pain on locomotion.

After arriving at the house I made an examination, and found on the left side of the vulva, low down, and slightly within, the hard fibrous mass already spoken of. There were numerous small openings giving out a discharge upon pressure. The mass was hard and about the size of a walnut. I advised extirpation and, upon a subsequent occasion, operated in the following way: A vesical incision was made over the most prominent part of the swelling, through the skin, which was then dissected aside and, a pair of vulsellum forceps being used to hold the mass, the whole gland was rapidly removed with scissors. There was some hemorrhage and one artery had to be tied. The upper part of the incision was then closed with three silk sutures, the lower angle being left open for drainage. The operation proved successful, and so far as I know the patient still continues well.

#### REMARKS ON DR. CHUNN'S REPORT.

*Dr. B. B. Browne* had met with a case in which the gland had ulcerated into the rectum.\* The patient had had an inflammation of the left labium an abscess formed which broke on the mucous surface of the vulva and discharged a large amount of pus. The suppuration continued for about two months when she noticed that flatus escaped through the fistula and shortly afterwards fecal matter also made its appearance. At this time she consulted me and I found upon examination, a fistulous opening leading from the labium majus to the lower bowel, passing in the direction of Bartholin's gland, thus forming a *recto-vulvar fistula*. In order to avoid, as far as possible, any weakening of the perineum, the incision was made directly outwards from the mucous surface and to the left of the median line. The fistula healed up from the bottom, and the integrity of the perineum was not in the least impaired.

*Dr. Thomas Opie* had met with two cases of painful over-distension of the valvo-vaginal gland, which he thought

\*MARYLAND MEDICAL JOURNAL, Vol. VIII, page 399

might have eventuated in abscess, if they had not been relieved. He thought that such abscesses were usually produced by over-distension of the gland, the duct having been obstructed by catarrhal or specific vulvitis. By seizing the gland between the thumb and fore-finger and making firm pressure in the direction of the duct, the superficial obstruction at the exit of the duct was overcome. Having once started the flow it soon becomes easy to relieve entirely the distended gland. The relief in both cases was permanent.

*Dr. Chunn* explained that his cases were much more chronic than those related by the other members, one having suffered for more than six months. He thought *Dr. Opie's* method of squeezing the gland a good one in suitable cases.

# A CASE OF PELVIC ABSCESS, FOLLOWING A FALL DURING PREGNANCY, AND DISCHARGING AT THE UMBILICUS.

BY C. O'DONOVAN, JR., M. D.

On October 29th, 1883, there came to my office Mrs. F. who gave the following history of her case:

About the middle of the preceding August, when she was near her time of delivery of her second child, everything being in good condition, and herself in the best of health and spirits, she tripped her foot while going down a flight of steps and pitched headlong about six feet to the floor below, bruising herself considerably by the fall, but retained sufficient consciousness to remount the steps to the room above, when she fell unconscious upon the floor, probably only in a faint. Her frightened family carried her immediately to bed, but she grew worse and worse, becoming feverish and flighty in a few hours, from which condition she fell into a state of complete unconsciousness for five days. A physician in the neighborhood had been called in, who treated her judiciously, expecting miscarriage, but endeavoring by rest and sedatives to make every preparation for the anticipated trouble. This, however, did not occur, but the woman

gradually grew quiet, then slowly regained consciousness, and, after the lapse of a full month, she was delivered of a child, exhibiting no marks of injury, although it lived but twelve hours. The puerperal period passed satisfactorily until the third day, when she had a severe chill, followed by a rapid rise of temperature accompanied by a violent pain in the pelvis and lower part of the abdomen. For this her physician treated her locally with large poultices over the abdomen and internal medication, probably anodynes, until the inflammation subsided somewhat, and became more localized, when he ordered turpentine blisters over the sore spots with continuance of the internal treatment. This continued for six weeks, or thereabout, during which time her local trouble seemed to be somewhat better, but her general health was constantly growing worse, so that when I saw her at my office I was shocked at the change I noticed in her. I had known her well, and, although I had heard of her accident, I was totally unprepared for the weak, thin, anæmic woman she now had become from the hearty, vigorous one of three months before. However she managed to get to the office I cannot tell, for so very weak was she that I feared she would be unequal to the task of getting home. She came with her mother and sister, who talked for her, but she sat during the recital of her case, utterly listless, seeming to be the one least interested in her condition and satisfied that nothing could save her from speedy death. She had no appetite, and was unwilling to force herself to eat; milk she loathed, and any simple food sickened her immediately, and most likely was vomited; she craved nothing but ice water, of which she could never get enough. She complained only of an intense, overpowering sense of weakness and fatigue that would allow her to make no exertion whatever, and a heavy, dull pain in the lower part of her abdomen and back. Her pulse was 120, weak, thready and readily compressible. Her respiration was shallow and painful, and with the slightest exertion became hurried. Her expression of face was that of one suffering constantly, lacking



animation, careworn and with the fear of death plainly written on her features. She complained also of a constant succession, at more or less regular intervals, of chills, slight sometimes, sometimes severe, but always followed by a fever and profuse sweat. He bowels were irregular, often constipated, but, at intervals, quite loose.

Beyond this I was unwilling to go, but satisfied myself with hurrying her home, with strict orders to go to bed at once and stay there, giving directions for her nourishment, of milk, chiefly, with plenty of alcoholic stimulants. I saw her, in bed, the next day, and found her, as I expected, very much weakened by her foolish excursion to my office, but otherwise unchanged. Upon examination an immense pelvic abscess was revealed, consequent, most likely, upon the cellulitis, and evidently pointing at the umbilicus, above which it extended on her left side. The whole pelvis was full of pus, which had pushed the uterus down until the vagina was almost obliterated. I ordered her a poultice to be applied about the umbilicus, and a tonic mixture containing iron. That night the abscess burst at the umbilicus, discharging large quantities of pus, the amount of which could not be ascertained. From that moment she began to improve; she accepted nourishment in small quantities at first, to be gradually increased; her spirits recovered somewhat their usual elasticity; her hectic rapidly diminished; her respiration became fuller and painless. On November 8th her pulse was 108, full and regular, and was rapidly convalescing. I may add that she has never been sick since, and has been delivered of two healthy children at term without difficulty.

This case is interesting for two reasons, chiefly: that it shows the remarkable constitution of the sufferer in whose pelvis and abdomen so large a collection of pus was tolerated for a long time without producing any permanent injury; and that it shows, again, how useless, and perhaps even harmful, is meddling interference with nature when her processes are tending to a satisfactory end; additional safeguards, such as iodoform,

washing out with carbolized water, or drainage through the vagina, could not have given a better result than was obtained without them.

## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD NOVEMBER 2, 1888.

The 215th meeting of the Clinical Society of Maryland was called to order by the President, DR. GEO. H. ROHÉ in the Chair.

Drs. J. W. Lord, Pierce Kensing, A. L. Hodgdon, Jno. R. Winslow and T. W. Kay were elected members of the Society.

*Dr. T. A. Ashby* read a paper on

### LAPAROTOMY FOR ASCITES.

*Dr. I. E. Atkinson* said the report of *Dr. Ashby's* case was very interesting. He did not understand whether the doctor condemned medical treatment in these conditions or not, and he would like to hear his opinion on that subject more fully. He recognized the surgical advantages to be derived under certain circumstances, as illustrated in this case. He thinks that cirrhosis of the liver is one of the rarest causes where ascites is a concomitant symptom. In some cases of dropsy, hydræmia for example, there is no obstruction at all. The vast majority of cases do not come under the head of obstruction, if we leave out all cases except when they are abdominal dropsy, and remedies directed here will do infinite good. Radical measures are rarely indicated.

*Dr. Randolph Winslow* asked *Dr. Ashby* if he had any reasonable conception of any vessel pressed upon in his case?

*Dr. John W. Chambers* asked if the tumor which doctor *Ashby* had removed from his patient had been examined and what was it thought to be?

*Dr. T. A. Ashby* replied that it had and it was pronounced to be a lipoma.

*Dr. L. E. Neale* said that as he had had a case bearing on this important subject he presumed a few remarks about

it would not be out of place. The patient in question had been treated with various remedies and with no effect. Even the trocar was used but only with temporary relief. He then read the report of the case as he had previously published it, described the operation and showed the good results obtained. He had recently seen the patient and there had been no return of the trouble. In this case no disease of any organ was found to account for the ascites. Why is it then, he asked, that in these cases the fluid does not return after opening the abdomen, even though we leave the local cause behind? Does manipulating the parts prevent the pathological process from returning?

*Dr. W. P. Chunn* said this is a most interesting subject. A great deal depends upon making a diagnosis before opening the abdomen. If he finds no cause from the outside to account for it, he thinks he is justified in opening the abdomen in order to ascertain the reason. Many times a small tumor will cause a great deal of fluid, again the reverse of this is true. Why in opening the abdominal cavity the fluid does not return, he did not know, it may be due to cutting through the peritoneum or the handling of the intestines, &c.

*Dr. N. G. Keirle* was called on to give his opinion on the subject. He said he was very loathe to say anything about it. If we puncture a man with hydrocele and draw off the fluid it returns. If we inject an irritant of some kind into the sac it may not. He takes it that the operation for ascites produces certain irritation that may act in the same way.

*Dr. T. A. Ashby* in closing said he was sorry that *Dr. Atkinson* did not catch his argument in regard to the use of medicines in such conditions. He fully stated that surgical measures should not be employed except in cases where all remedies had failed. In regard to the statement of cirrhosis of the liver being a most common cause of ascites, he had the opinion of *Dr. DeCosta* to offer in evidence. He was unable to answer *Dr. Winslow's* question because it was impossible to work out the exact

anatomical relations at the time of the operation.

*Dr. A. Friedenwald* reported a case of

#### TRAUMATIC OPTIC NEURITIS.

Patient male æt. 22 years. He was assaulted with an umbrella which was thrust into his eye. One week afterwards he came to him for treatment. There was much tumefaction at this time and a wound about one-half an inch long was on the eye-lid. It was held together with three stitches. Around the eye-ball there was a good deal of extravasation of blood, no sight was present. This could not be explained by the condition at this time. The ophthalmoscope showed the media to be perfectly clear. There was some evidence of inflammation about the optic disc and a good deal of pain was experienced. Under treatment the symptoms promptly subsided, but there was no improvement in his sight. The choked disc was succeeded by optic neuritis. The loss of sight was attributed to direct injury to the optic nerve at the time the assault with the umbrella took place.

*Dr. R. L. Randolph* asked if any of the muscles of the eye-ball were paralyzed as is sometimes the case under such circumstances?

*Dr. A. Friedenwald* said there was no paralysis present, but the muscular activity was interfered with by the extravasation that was present.

*Dr. N. G. Keirle* reported a

#### CASE OF DEATH FROM ELECTRICITY WITH A DESCRIPTION OF THE POST-MORTEM CHANGES.

A freak of lightning will sometimes cause bones to be broken, viscera to be torn, &c. Again only scratches are seen to show its trace. A man was killed by lightning, his hat was found to have a rent in it and a little point of blood was seen on his head. Over the heart a parchment-like patch was observed. In turning the body over the skin peeled off as if it had no attachment. His pantaloons were in shreds below the left



knee, but the skin beneath them did not peel off. Why did the lightning tear his clothes, &c.

The case in which he had done the post-mortem was a line man in the employ of the Electric Light Co. of this city. The wire on which he was working was not insulated and it was given in testimony at the inquest that workmen frequently take hold of the wire with no effect except a slight "shunt." It seems that he had cut the wire and thus took hold of the two ends. This connected the current and instant death was the result. When the man was seen he was very stiff. A wound was observed between the thumb and index finger of the right hand. There was no loss of substance found radiating from this wound, there was a brown eschar. What caused it? You cannot roast living tissue.

A thorough post-mortem was made, the appearance which was especially noticeable was the absence of blood in the heart. The right side was flabby, the left was contracted, blood flowed freely on removing the calvarium, that might account for its absence in the heart. It is interesting to know what course the electricity takes in such cases. If all of the heart's cavities had been contracted we could understand how we could have an empty heart. The lungs were congested and the blood in them was fluid. Another corpse was charred all over. He was found lying upon his face with his legs flexed. The articulation of the astragalus was laid bare. The heart escaped injury. All over the body were seen patches of hard-pinched-like areas with little clefts between them. Some thought his position was due to crawling along the floor, others suggested that it might be due to stimulus to the muscles caused by the fire.

The post-mortem showed that the parietal bones and bones in general were reduced to a mineral condition. The dura mater was untouched, brain appeared somewhat rough as if rubbed on with something. The frontal sinus was open, as was also the antrum. How was this done? The eye-lids were charred and when lifted a yellowish

substance was observed. It was punctured, the aqueous came out and both lenses were found to be white, lungs were congested, larynx and trachea were red and fluid stained with soot and smoke. The cause of death was suffocation. There was no evidence of violence. He would like to know the cause of the muscular contraction in this case and also of the condition of the heart in the case of death from electricity. In reply to a question from Dr. Canfield he said that he observed a vascular injection in about three inches of the upper part of the duodenum.

*Dr. L. McLane Tiffany* asked whether the man who died from electricity had a watch on or was there any kind of metal about the body? In regard to charring living tissue he had often used the cautey and produced undoubtedly this condition. He once had a man under his charge, a tramp, who had slept in a lime kiln. He was partly asphyxiated when found and one hand was charred black. The articulations were open and the bones resembled those used for anatomical demonstrations. He amputated and examined the part very carefully. It was much charred and certainly occurred during life.

*Dr. George J. Preston* read an account of some very interesting experiments he had done at the Johns Hopkins University with electricity on cats.

*Dr. George H. Rohé* spoke of the recent law passed in New York authorizing the

#### USE OF ELECTRICITY IN THE EXECUTION OF CRIMINALS.

He also explained the manner in which the line men in the employ of electric light companies manipulate the wires to prevent them from receiving severe shocks.

*Dr. N. G. Keirle* said that he had never seen carbonized living tissue and quoted authority as saying it never occurs. He does not think that the third stage of burning is accompanied by it.

*Dr. L. E. Neale* showed an interesting specimen which he obtained from the bladder of a female patient. After

he had read the history of the patient, a motion was made to refer the specimen to Dr. Keirle for microscopical examination and he was requested to report the result at the next meeting.

W. J. JONES,  
Recording Sec'y.

FOR A BUREAU OF HEALTH.—The regular meeting of the Board of Trade of Baltimore was held Monday, Dec. 3. Mr. Frank Frick presided. Those present were: Frank Frick, John R. Seemuller, D. L. Bartlett, R. W. Cator, Eugene Levering, Stephen Bonsal, Wm. Henry Baldwin, Jr., J. Willcox Brown, G. H. Hunt, G. J. Appold, D. Fahnestock, W. P. Harvey, Frank Kerr, Thornton Rollins, Charles Markell and J. K. Ober. Mr. Levering read the following report and resolutions, which were adopted:

Your committee, to whom was referred a communication from the New Orleans Chamber of Commerce relative to the establishment of a National Bureau of Health, to be under the direction of the Secretary of the Interior, accompanied by a copy of the proposed bill creating the bureau, beg leave to report that, while they cannot endorse this particular bill, believing that certain sections would, if adopted, prove unwise, and possibly harmful, and that said bill could not pass Congress in its present shape, they do, however, most heartily endorse the main suggestion of the bill; viz, the creation by Congress of a national bureau of health, to be under the direction of the Secretary of the Interior, and the enactment of such legislation as will tend to prevent the introduction and extension of contagious and infectious diseases in the United States.

Whatever doubt may have been felt heretofore by the public generally, either as to the wisdom or necessity for such a bureau, has been quite generally removed by the experience of the past few months, when for the lack of some such arrangement, the fear of the spreading of the yellow fever, which had broken out in certain sections of the South, produced a

widespread panic, involving the interruption of travel—in some cases actual cessation of all intercourse and the inauguration of a system of local quarantines, which were, in some instances, as heartless as they were unnecessary. Your committee find upon investigation that this project meets the approval of a large majority, if not all, of the best sanitarians of our country, and further, that the American Public Health Association has not only officially endorsed the same, but has prepared a bill of similar import, which has already been introduced in Congress, and is known as House bill No. 1526. We therefore recommend the passage of the following resolutions:

1. That the Baltimore Board of Trade heartily endorses the proposition for the creation of a National Bureau of Health, under the control of the Secretary of the Interior, said bureau to be in charge of a commissioner of health, to be appointed by the President, by and with the consent of the Senate.

2. That our senators and representatives in Congress be requested to aid in the passage of a bill creating said bureau, and such other legislation as may be necessary to make the work of said bureau effective.

3. That a copy of these resolutions be sent to each of our senators and representatives in Congress.

EUGENE LEVERING.  
GEORGE J. APPOLD.  
FRANK KERR.  
D. L. BARTLETT.  
JOHN L. REED.

ANEURISM AND TUBERCLE BACILLUS.  
—M. Germain Sée has noticed that patients with aortic aneurism often become tubercular and die with pulmonary phthisis. In aneurism, the circulation is disturbed and there is a stagnation of the venous blood and the air in the lungs being imperfectly renewed, the deficiency of oxygen favors the development of the bacillus.



## MARYLAND MEDICAL JOURNAL

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BALTIMORE, DECEMBER 8, 1888.

**Editorial.**

**DANGEROUS DRUGS.**—The best medicines in the pharmacopœia are undoubtedly those which do the most good, and, when misapplied, they do most harm. Opium and its derivatives form the best example of this. Take them away and both physician and surgeon are crippled in their work and the suffering of humanity is increased many times. A properly enforced law to restrict the sale and dispensing, without proper authority, of these powerful drugs is what is needed in every State.

Dr. J. C. Wilson, in speaking, in this issue, of the evil effects of opium and other drugs, justly says that the physician, by prescribing opium or morphia in some form, may, and often does, form a habit in a patient which renders him a victim and wrecks his life. Even with all due care and precaution, narcotics must be ordered in certain cases and they are, perhaps, needed at this time, but how often is a prescription refilled without the physician's authority, and the patient then becomes a victim to morphia or, perhaps, from prescription containing much alcohol or wine, to alcohol. The large sale of Scotch Oats Essence was probably due to the large amount of

morphia contained in it when it was supposed that it contained none. Now that some honest chemist, whom many may thank for their lives, has reported the finding of morphia in it to a dangerous extent, this quack medicine company has failed, because of this exposure.

If the government would compel all proprietary medicines to be analysed and the exact amount of dangerous ingredients, or indeed of all the ingredients, to be published on the wrapper, the result would be incalculable. In Tuesday's *Evening News* is the notice of a suicide which should not have occurred under proper legislation if the facts stated are true. A man went to a drug store on the corner of Lombard and High streets and asked for arsenic which was carefully labeled and given him. He went home and drank it in the presence of his family and died soon after. Does any one question whether the druggist was to blame or not? There can be but one answer. The physician, alone, can take steps to bring about proper legislation. The average citizen is indifferent and the druggists, most of whom depend on the sale of proprietary medicines for support, would oppose any such move, and the wealth of all druggists, wholesale and retail, against the honest endeavors of a few physicians would leave no doubt as to the decision of the Maryland Legislature.

**IS THE DIGNITY OF THE MEDICAL PROFESSION DEGENERATING?**—This question Dr. F. S. Wilson asks the Medical Society of Montgomery County, Pa. It sometimes does seem as if there was very little dignity in the profession. The medical man, during his medical life and even during his pre-medical life, has opinions about the profession and his feelings undergo changes just as he changes. The medical student generally thinks that the physician, whether his teacher or not, is either a man endowed with a wonderful, almost superhuman, knowledge, or he thinks that he knows little or nothing as compared with a

student's knowledge. During the first year of his professional life he feels the dignity of his profession, is proud of his title, feels that he is born to succeed, and especially in surgery; thinks of the practice of medicine as something noble, as an opportunity "to do so much good," as his old lady friends will tell him. Then if depending entirely on his practice as a means of subsistence, he will forget the nobility, and look at every patient as a prey yielding a certain amount in money. In this stage he probably helps to degenerate the medical profession. He must have practice and gets it at any price. Later in life, if he is capable of being reformed from the previous stage, he begins to help along the dignity of the profession by doing real charity where it is needed, by giving the just amount of attention and sympathy to all patients alike and rendering his account for services, not with an apology, but as his right. Many are inclined to make the practice a business. It is more than a business in some senses, but from a practical point of view it is simply a business. A right minded patient always feels something more than a business friendship for the physician who has done much towards relieving his suffering or, perhaps, saving his life. And however much a lawyer, clergyman, scientific man may know, it is to the medical man alone that the laity looks up to with admiration, as to one imbued with more than ordinary knowledge. It is the physician alone of all professional men who has the most foolish and peculiar questions put to him by persons apparently well educated, and even in other professions, but who look upon medicine as something mysterious and occult and many of whom actually are willing to believe almost anything stated by medical men about his own branch.

To show what an idea one may have of professional attendance, it is only necessary to cite a case which recently occurred in England. A physician was called to see a man who could take no medicine and who later died. The family

objected to paying the fee because no medicine had been prescribed. It is well known that physicians are often compelled to prescribe something to keep the patient who thinks that advice without medicine is worthless.

Badly educated physicians may detract from the dignity of the profession, but these are ordinarily not heard from, while the greater lights show the brilliancy of the profession and keep up its dignity.

### Miscellany.

**BLOODLESS METHODS OF TREATING INGROWING NAIL**—Dr. Patin recommends the following procedure for removal of ingrowing toe-nail, which he has employed with excellent results in many cases. After thorough cleansing of the nail, a solution of gutta-percha ten parts, in eighty parts of chloroform, is applied with a brush to the interstices between the nail and the granulations. This is repeated several times on the first day, and subsequently at longer intervals. By exercise of care and patience it will be found that the nail is gradually lifted from the underlying parts, and can then be removed without pain with the scissors. If a properly fitting shoe is worn, no recurrences need be apprehended. The solution applied in this manner exerts a double effect, the chloroform is an anæsthetic, and the gutta-percha acts mechanically, forcing its way between the granulations and the nail, and finally liberating it from its abnormal position. Another method is described by Dr. Hoffman, as follows: "The toe is first thoroughly washed with an antiseptic solution. A few drops of liq. ferri. chloridi are then applied to the granulating surface, the nail slightly raised, and the solution allowed to dry. After two to three days the scab is removed, and the application of the solution repeated. In a few days the edges of the nail become brittle and can be cut away with a fine scissors or blunt knife. To prevent a return of the trouble thin shavings of cork are inserted under the nail-border,"—*Med. Record*,



### Medical Items.

A number of cases of small-pox have broken out in Texas.

Dr. J. Adams Allen, of Chicago, has recently given his library of more than 2,000 volumes to the Presbyterian Hospital of that city.

The Vienna Medical Society has elected Dr. John S. Billings, of Washington, an honorary member.

Dr. Hobert Hare, of the University of Pennsylvania, has been elected a fellow of the Medical Society of London.

Mrs. Le Clare Bosley, wife of Dr. James Bosley, a prominent physician of West Baltimore, died last week at her residence, Hollins and Mount streets.

It is said that between 3,000 and 4,000 lbs. of caffeine are annually made in Germany from damaged tea which has been rejected by the British custom-houses.

Health Commissioner Steuart is endeavoring to make the Mayor and City Council see the importance of having food and milk inspectors for the city.

A woman in Texas recently gave birth to six children at a birth, four boys and two girls, seventeen minutes elapsing between the birth of the first and last. They are reported as all living and properly tagged with names to prevent confusion.

The alarming news reaches us, *via* the *American Lancet*, that all medical colleges east and west, north and south, report enlargement of their classes, and that there seems to be an unusual craze on the part of young men everywhere, to enter the medical profession.

The Richmond, Va., Chamber of Commerce has received a memorial from the Chamber of Commerce, of New Orleans, asking the assistance of the Chamber in the matter of getting legislation to create a National Board of Health. Hon. George L. Christian, a member of the board, will examine into the matter and give his views.

The Medico-Chirurgical Society of the District of Columbia has elected the following officers for the ensuing year: Robert Reyburn, President; A. Tangusta, first Vice-President; P. P. Werner, second Vice-president; F. J. Shadd, Treasurer; J. R. Francis, Librarian; L. A. Harver, Secretary; and S. R. Watts, Corresponding Secretary.

The Commissioner of Agriculture has appointed a commission, consisting of Professor William H. Welch, of Johns Hopkins University; Dr. E. O. Shakespeare, of Philadelphia, and Professor T. J. Barrill, of the University of Illinois, to investigate the subject of swine diseases in the United States and the methods of their treatment and prevention.

Dr. M. M. Lewis, one of the leading physicians of Virginia, died at his home in Alexandria last week. Dr. Lewis has been in practice in Virginia for about forty years, and during the late war filled the post of brigade surgeon in the army of Northern Virginia.

The American Public Health Association closed its annual meeting at Milwaukee Nov. 23. The following were chosen officers for the ensuing year: President, Dr. H. A. Johnson, of Chicago; Vice-Presidents, Dr. Jerome Cochran, of Mobile, and Dr. Frederick Montizambert, of Quebec; Secretary, Dr. I. A. Watson, of Concord; Treasurer, Dr. J. Berrien Lindsley, of Nashville. Brooklyn, N. Y. was selected as the place for the next annual meeting.

Mr. Riehl offered in the First Branch of the City Council an ordinance to protect the health of children attending the public schools, and to improve the sanitary condition of buildings used for public school purposes. It provides that the board shall appoint an officer, to be known as the sanitary superintendent of public schools, who shall look after the health, eyesight, &c., of the pupils, and give instructions, by lectures or otherwise, upon the elementary principles of school hygiene. The official shall be a competent physician, shall receive a salary of \$1,500, and shall examine all plans for the construction of new school buildings. He shall examine all text books to see that the printing is not defective, and in any way injurious to the eyesight of the pupils. The ordinance was referred to the Committee on Health.

The University of Maryland Medical Museum Association has been formed with the following officers: *President*, Prof. J. Edwin Michael; *Vice-Presidents*, Dr. Herbert Harlan, Dr. R. B. Warfield; *Pathologist*, Dr. C. W. Mitchell; *Curators*, J. G. Van Marter, Jr., R. A. White.

At present a museum is being formed, the rooms have been presented and are being arranged for the Association by the Faculty. Prof. Michael will make numerous sections and preparations at once, and the various models, both in papier maché and wax, belonging to the faculty, will be at the disposal of the members, as well as the numerous other preparations now existing in the old museum.

The following are members:

Prof. J. E. Michael,	J. M. Price,
J. G. Van Marter, Jr.	T. S. Fearn,
R. A. White,	H. B. Wilson,
S. T. Day,	W. R. Stokes,
W. H. Baltzell,	S. G. Fisher, Jr.,
W. S. Roose,	S. R. Kelly, Jr.,
A. D. Mansfield,	A. P. McChonachie,
G. H. Everhart,	H. P. Frost,
F. H. Fincke,	W. L. Fish,
E. W. Willis,	W. B. Dent,
W. P. Miles,	G. E. Marchand,
E. Van Ness,	J. F. Jones,
W. C. Curry,	C. W. Shepherd,
K. B. Batchelor,	J. F. Crouch,
E. M. Hardcastle, Jr.,	Dr. H. Harlan,
G. E. Clark,	Dr. R. B. Warfield,
J. J. Richardson,	Dr. C. W. Mitchell.

Original Articles.

THE NECESSITY FOR POST-GRADUATE INSTRUCTION IN THE PRESENT STATE OF AMERICAN MEDICAL EDUCATION.\*

BY CHARLES CARROLL LEE, M. D.,  
OF NEW YORK.

Professor of Gynecology in the New York Post Graduate Medical School.

*Gentlemen, Fellows of the American Academy of Medicine:*

When I was lately solicited by our honored President to prepare and read a paper before this Academy at our present session, I accepted his kind invitation with no little hesitation and concern.

For, on the one hand, it has been my misfortune, rather than my fault, to have been unable in the past to attend the meetings of the Academy and so to gain that kindly intercourse with its Fellows which assures one a friendly hearing; and, on the other, before such an audience of experts I felt—and still feel—that whatever I might seek to say on the improvement of Medical Education had surely been better said by others before me.

“Pereant illi qui ante nos nostra dixerunt,” was the bitter lament of Martial eighteen hundred years ago; and I have keenly sympathized with the Roman poet since I have read some of the addresses presented to you upon this topic.

In illustration of this, not to speak of his brilliant, Presidential address of yesterday, I need but remind you of the masterly paper read by Professor Gerrish in 1886 upon “The Best Equipment for Medical Study”; in which, with a felicity of expression and a wealth of illustration we all might envy, he seems to me to exhaust that phase of his subject.

Nevertheless, in furtherance of the object we all have at heart, which I still take to be the improvement of medical

education in this country, I have thought you might be interested in viewing the question of our present deficiencies from another standpoint: that of the practitioner namely, who, realizing the inadequacy of his medical tutelage to fit him for the exacting requirements of modern life, has the manliness to acknowledge his shortcomings, and seeks in one of the Post-Graduate Medical Schools the practical instruction he thinks he *should* have received from his Alma Mater.

It is with this class of students that I come in contact; and it is from their statement of the difficulties with which they contend that I have gleaned the details I now wish briefly to set forth.

What I have to say will be corroborative, therefore, of what has so often and so well been said heretofore in this Academy.

What are the statistical facts as to post-graduate teaching to-day in this country? Briefly these:—

Only six years ago—in 1882—the first Post-Graduate Medical School was opened in New York: now six are in active operation in different medical centres, and others are projected; while, during the last scholastic year, the two in this city had an aggregate attendance of six hundred and seventy-four (674) students. Is it imaginable that such a supply as this would be forthcoming if there were not also a wide-spread and pressing demand—an urgent need for something more than is taught in the college curriculum? No one will contest the conclusion.

As to the subjects most in demand by such inquirers it may be said that no really practical branch of medicine is omitted from the list.

Surgery, and especially Operative Surgery, always is sought for; Practical Medicine, also, though to a less extent, Physical Diagnosis; Syphilology; Laryngology, Ophthalmic and Aural special practice; and, since it is nowadays fashionable and involves much daring abdominal surgery, Gynecology.

The more recondite branches of medical Chemistry, Histology, pathological or normal, clinical Microscopy, and Electro-therapeutics all find candidates,

\*Read before the American Academy of Medicine, November 14, 1888.



though in less number, anxious to pursue them.

In each case that I have investigated, the practitioner anxious to brush up any one or all of these subjects has only been made aware of his shortcomings by some unexpected case in his practice. Before meeting that he has pursued his calling—perhaps for many years—with self-satisfaction and comfort, feeling safe in the possession of his diploma, from one of the leading colleges oft-times in America. This he now feels has been the confidence of ignorance; for, when put to the test of mastering or treating something out of the common, he sees that he has lamentably failed.

What is his resource? If a coward morally, to conceal his mistake or shortcomings; if a man, to seek at once to improve his professional knowledge by reviewing his studies in the only way in which practical medicine should be taught—by clinical demonstration, instead of didactic lecture. Hence the demand for a Post-Graduate Medical School: hence its constantly increasing prosperity.

That this latter statement is no fiction the following figures will quickly show:

The Post-Graduate School with which I have the honor to be connected was established in 1882.

In that year it attracted 100 students:

in	1883	118	"
in	1884	129	"
in	1885	160	"
in	1886	209	"
in	1887	337	"

while the present year, still incomplete, gives promise of a yet larger number. And be it remembered that every one of these was a practitioner of Medicine, duly diplomaed from another medical college.

It is true that some of the colleges strive to provide such clinical instruction as they can for medical men who may choose to matriculate with their other students; but, as this must necessarily be limited, these matriculates have steadily declined in number. Thus, in this City, two of the leading colleges matriculated together about sixty physicians annually, previous to 1882 when the

two Post-Graduate Schools of New York were established. Of this number only about one-sixth were in the graduating classes or sought to take out a new degree. The rest matriculated only for such clinical advantages as they could find at the college. In 1883 the number decreased from sixty to forty-five; and for the last two years it has averaged about thirty annually. To their credit it must be said that this decrease was partly due to the action of these colleges in raising their fees for such matriculates. Formerly it was customary for a physician to pay simply five dollars for matriculating, for which nominal sum he could attend the whole year's course of lectures, with a graduation fee of thirty dollars. Now the colleges in question charge physicians five dollars for matriculating, seventy dollars for the full course of lectures or one-half the charge to undergraduates, and thirty dollars for a fresh diploma. And I understand that the College of Physicians and Surgeons of New York, has this year begun to charge graduates and undergraduates alike, viz: one hundred and forty dollars for the full course of lectures, with the usual additions. This certainly redounds to their credit and is a step in the right direction. It will also practically exclude graduates from their ranks until a revolution occurs in their crude and imperfect system of clinical teaching.

In the "Vanderbilt Clinic" attached to the College of Physicians and Surgeons and in the adjoining "Sloane Maternity" wards, an important step in advance has been made in this City; which, with the munificent foundation at their back, ought surely to lead to good results.

And in the excellently planned and conducted Hospital attached to the University of Pennsylvania—my own honored Alma Mater—the perfection of clinical teaching may be hoped for at some not distant day; for nothing can exceed the intelligence of its project, or the untiring zeal and self sacrifice of its Provost and Professors. Of the medical results in the Johns Hopkins University in Baltimore, it is not yet possible to

speak. But these are exceptional and almost isolated examples. Clinical teaching, in its most comprehensive and most practical sense, and viewed as a basis of medical education, is still a hope of the future and—it may be—of a distant future. For, to attain it, a college faculty must have a well equipped hospital and dispensary under its own control, and be willing to confine its instruction strictly to the case before the student at the time. And, to render possible such practical instruction, the college course must be lengthened; for, to what is now imperfectly mastered in three years, it would be absurd to propose to add instruction far more difficult and exacting. Clinical medicine and surgery, and the clinical demonstration of the various "Specialties" of which any practitioner must have an elemental knowledge, would be thrown away upon second or third course students. And yet I venture to predict that, in a generation from this time, the course of compulsory medical study will not only be extended as it is to-day upon the continent of Europe, but that it will become mainly, if not entirely, clinical. Each year it happens to both the Post-Graduate Schools in this city to receive a number of matriculates who, after matriculating at one of our under-graduate colleges, leave it and relinquish their tickets. Why? Because, I suppose, they feel their time is thrown away. At most these colleges can give their students but two clinics daily, and at them the classes are too large for the practitioner to receive any individual attention. In the New York Post Graduate School, and I believe also in the New York Polyclinic, the entire system of tuition is made to subserve the special bent or need of each student. Two schedules of clinical lectures are adopted: a general and a special. The general schedule is made to cover a certain number of hours in every department of practical medicine. A varying amount of time, however, is given to the different branches in accordance with what is found to be the average for these. For instance Surgery and Gynecology being most sought for, six to eight hours a week are devoted to each of these departments; while Pædiatrics,

Dermatology, and diseases of the throat and nose occupy but three or four. But, while the majority of the matriculates take the general ticket or schedule—being general practitioners—nearly all incline toward some special study, and seek to spend most of their time in that with the view of ultimately making it a specialty in practice. For the special student who aims at practical surgery, say, from sixteen to eighteen clinics per week are furnished; and in these he is, as far as is practicable, familiarized in person with very detail of the work. Not only are these special schedules strong in the large amount of operative work done at the school and in the adjoining hospital which contains sixty-five beds, with an abundance of clinical material, but nearly every hospital and large dispensary in New York is made accessible. Thus the whole available time of such a special student is occupied in pursuit of the branch he aims to master. This secures an extremely varied course of instruction; and, to the student, the additional advantage of following the practice of a number of experts instead of being bound down to the methods of a single master. For one mature enough to observe and judge for himself the benefit of this is obvious. But, while this variety is desirable, much may be had without leaving the school building; for, in the hospital under the same roof, he witnesses all current surgical practice from amputation of the thigh, exsection of the knee joint, laparotomies, or vaginal hysterectomy, down to minor operations and surgical dressings. Indeed it is difficult to conceive how London, Berlin, or Vienna can offer greater facilities for clinical teaching than are to-day available in this city, unless it be that their instructors are medically better educated than our own, and thus bring a more effective equipment to their work. If this be true, it but serves as an additional indictment of the inefficacy of American medical education.

To the medical teacher, indeed, and especially to the clinical teacher, a frequent European visit is most valuable—not only to perfect his method of instruction but to liberalize his mind by attri-



tion with his colleagues in other lands. But the time has arrived—or is fast approaching—when, if the American teacher of medicine does his whole duty, the American student should lack no practical knowledge of his profession.

79 MADISON AVENUE,  
New York.

### A SUGGESTION IN HEPATIC SURGERY WITH AN ILLUSTRATIVE CASE.

BY T. W. KAY, M. D.,  
OF BALTIMORE.

Mr. G. A., a native Syrian, 28 years of age, was sent to the Johanner Hospital at Beyrout the middle of last May by Dr. Shepherd of Aintab. He had been suffering for five months with symptoms of hepatic abscess, and two months previous to his arrival had been aspirated but no pus was found.

I found him with an evening rise of temperature of  $1^{\circ}$  F., and a very weak and slightly accelerated pulse. The movements of the bowels were regular and there was no jaundice. There had been no rigors nor sweats, though he had experienced chilly sensations on several occasions.

Percussion revealed a liver much enlarged, extending down to near the level of the umbilicus. The right hypochondriac, the epigastric and umbilical regions were much enlarged, but the most prominent point was found to be about  $2\frac{1}{2}$  inches below the lower extremity of the sternum and two inches to the right side of the median line. Fluctuation could be made out at no point.

The morning of the second day after his admission a large aspirator needle was passed in at the most prominent point and at a depth of two inches struck pus, and 18 ounces were drawn off.

At 2 P. M., of the same day, the patient had a severe rigor followed by a rise of temperature of  $104^{\circ}$  F. with profuse sweating. Quinine was given freely and the next day he had no rigor, but a temperature varying from  $99^{\circ}$  F. to  $101.5^{\circ}$  F.

The second morning after his aspiration he was put under chloroform and an incision  $2\frac{1}{2}$  inches long was made through the point of puncture, extending upwards and outwards. The various layers of muscles were carefully divided until the peritoneum was reached, which was found healthy and non-adherent to the hepatic lacer. Without opening the peritoneal cavity several silk sutures were passed through both the parietal and hepatic layers of peritoneum and tied. The wound was then carefully filled with charpie and the whole dressed antiseptically. No bad symptoms followed this and for the next two days the temperature was kept pretty well under control by quinine.

On the morning of the second day, 48 hours after the incision, the peritoneal surface were found to be adherent, as was shown by motion during respiration, but the abscess was not opened till the following morning, which was done without an anæsthetic and without pain, 22 ounces of pus being evacuated.

The subsequent treatment of the case was conducted on general principles and its progress was most satisfactory.

Abscesses form by far the larger portion of hepatic affections fit for surgical interference. The treatment consists in evacuating the pus by the aspirator, the knife or the thermo-cautery. Adhesions are not found till very late in the disease, and to open before they have formed exposes the patient to the danger of pus escaping into the peritoneal cavity with its evil consequences. The plan of finishing the operation at one sitting by stitching the two layers of peritoneum together in a button-hole-like arrangement, before opening the abscess, could be adopted, as has been done in other hepatic affections, but this does not appear to me to be safe, for as the walls of the abscess collapse there will be an opportunity for the pus to pass between the stitches.

As a rule there is no need for prompt interference in hepatic troubles, a few days, sooner or later, being of no consequence, and the discomfort caused by the delay is more than counterbalanced by the increased safety of the operation.

No. 613 Park Avenue.

# A CASE OF INSOLATION IN A FOUR YEAR OLD CHILD, FOLLOWED BY RECOVERY.

BY A. L. HODGDON, M. D.  
OF BALTIMORE.

J. D., aged four years, was one of the participants in a picnic for young people held during a very hot day in July. The picnic was a grand success but the results of the same (at least so far as one of the members was concerned) were not fraught with the same pleasant feelings. When I arrived upon the scenes of action the child was in a very bad condition, temperature in the neighborhood of 104° F. and about to pass into general convulsions. There was but one thing to be done and that was to use the cold bath; so I secured a washtub, had cold water poured in, and placed the child in the water. *I did not bring about a reduction in the temperature of the water by degrees but plunged the child into it immediately* and had water (of the same temperature) poured over the portion of his body which the water in the tub did not cover. The result was excellent, the temperature falling below normal. At this point there was a little tendency to collapse which I combatted by the use of whiskey. Everything now progressed favorably; not, however, by the temperature remaining at normal, because the mercury soon ran up again, but the disease was manageable from that time. The temperature becoming elevated again I used the cold bath and aconite as a means of lowering it, and the results were very good. I used the aconite in form of tablet triturates (manufactured by Sharp & Dohme of this city) containing extr. aconit. fluid. m.j. to each triturate. I found this a very convenient way of administering the drug.\* To what is the production of coup de soleil due? I think somewhere among the many centres of the nervous system there exists a centre which limits the production of heat, and that thermic fever is due to the paralysis of this centre.\*

Aconite is classed by Bartholow as a motor depressant, and by Fossagrives† among the nerve sedatives. May it not be that aconite has some special action on the centre which controls the production of heat? Aconite in the form of fluid extract or tablet triturates is not a bulky remedy; hence is very convenient to exhibit in these cases, and if for any reason the stomach could not tolerate the drug I should think it could be quite as well administered hypodermatically. 1235 Lafayette Avenue.

## Society Reports.

### BALTIMORE MEDICAL SOCIETY.

STATED MEETING HELD NOV. 12, 1888.

Dr. J. S. Pennington said he had seen a number of cases of continued fever which he could hardly call typhoid, though they lasted as long as 23 days, for the temperature was not high, not varying over 101°-102°. This was unusual in his experience with typhoid as he had seen it lasting for several weeks at 104°. Whether this was due to the treatment employed or to the type of fever he could not say. One case—a gentleman, robust and fat; on Monday and Tuesday well; in bed on Wednesday. Put him on antifebrine for a while but the patient objecting to it, on account of the profuse perspiration, which followed immediately after its administration, he gave him liq. ammon. acetat. and afterwards used ammon. salicylate and the quinia salicylate. The patient made a good recovery. He preferred antifebrine to antipyrine because it has not the depressing effect of the latter.

Dr. E. G. Waters asked if in Dr. Pennington's experience the profuse perspiration following the administration of antifebrine was not unusual.

Dr. Pennington said it was not.

\*For interesting reading on this question see Ferrier Functions of the Brain, and Dr. H. C. Wood's article on Thermic Fever in the Section on Diseases of the Nervous System, New American System of Medicine. †Fossagrives Principes de Therapeutique Generale Deuxieme Edition.



*Dr. Waters* then asked the condition of the patient's bowels.

*Dr. Pennington* said there was one soft action a day. The number was kept down and their bad odor lost, which was due to the salicylates.

*Dr. Waters* said he had observed for thirty years a number of cases of this sort. In some seasons the cases differ in character from the ordinary type. Sometimes they last for six weeks. Very many cases are complicated with an intermitting neuralgia—usually a hemi-crania. In many cases there is almost no congestion of the lung—an unusual symptom in these continued fevers. In this class of cases there are no rose-spots. They form an entirely distinct class of cases.

*Dr. Pennington* said that in his cases there were no complications—nothing but fever.

*Dr. J. L. Ingle* said he had a similar case now under observation which he will report after its termination.

*Dr. Pennington* said one of his cases was affected for several days with a decided deafness which he attributed to quinia but it continued some days after the quinia was withdrawn. Pain in the back of the head and nose-bleeding were the only typhoid symptoms. In one case, on the second day, there was a temperature of  $104^{\circ}$ ; it afterwards remained at  $101^{\circ}$ – $102^{\circ}$ . It was of an intermitting type, lower on one day than the next and so on. There was no morning remission, the temperature remaining the same, day and night.

*Dr. Waters* said that another peculiarity of these cases is that usually it is adults who are affected and that it is rare in children. One attack does not give immunity from a second or even a third. He instanced a case in which a man had three attacks, succumbing to the last.

*Dr. John Neff* referred to

#### A CASE OF OBSTINATE SCIATICA

which he had reported at the last meeting. He said he had tried *Dr. Geo. H. Rohé's* suggestion of subcutaneous nerve-stretching. *Dr. Waters* assisted him.

He put the patient under chloroform which he took badly. When he came from under chloroform the patient said there was some pain, but far less than usual. A soreness remained which lasted several days. The man was able to go to work two weeks after, though still feeling some pain.

*Dr. Geo. J. Preston* said that death had resulted from nerve-stretching. He does not know any slight disease harder to deal with at times, than sciatica. He has seen a number of cases of stretching, both subcutaneous and by cutting down to the nerve and stretching. He does not think it the safest or most efficacious treatment. That most satisfactory in his hands has been deep injections with a long needle. He tries to get as near the nerve as possible—theoretically to pierce the nerve-sheath. It makes little difference what is used—even plain water having given good results. In some cases he has used morphia; in others, atropia. The newest treatment is a freezing mixture, much used in France, but not here. He thinks *Jacobi* has used it.

*Dr. Neff* said he had used deep injections of morphia and of cocaine without good results.

*Dr. Rohé* said *Dr. Preston* had referred to deaths occurring in nerve-stretching. He wanted to know if any had occurred except in cases affected with locomotor ataxia. He had heard of none in simple sciatica.

*Dr. Preston* said he was not sure but thought there had. It would hardly be done for locomotor ataxia.

#### APPOINTED SUBJECT:

#### AFFECTIONS CHARACTERIZED BY MUSCULAR ATROPHY.

BY GEORGE J. PRESTON, M. D.,

Prof. of Nervous and Mental Diseases, Baltimore Polyclinic.

The subject of *muscular atrophy* has had to undergo great revision of late years nor are we as yet able to speak with absolute definiteness about it. The object of this brief paper is to group, in a general way, the various diseases,

which exhibit, either as their chief symptoms, or as an incident, the phenomenon of muscular atrophy.

While the fact that the nervous system exercises a trophic influence, has long been recognized, it is still a question of dispute as to how this influence is exerted. The view which would seem most probable, reasoning from analogy, is that the large motor cells in the anterior horns of the spinal cord, constitute a trophic centre and that from them proceed a special set of trophic nerves. However this may be, we have certain conditions under which muscular atrophy takes place, thus giving a rough classification.

Muscular atrophy is caused in three ways:

1. By destruction of the large cells in the anterior cornua of the spinal cord.
2. By injury of the peripheral nerves.
3. By a change which begins in the muscular structure itself, or in the terminal nerve-plates.

Under the first head, or cornual myelitis, we have several well-defined affections in which the disease is confined almost exclusively to the gray matter of the cord and especially to the large motor cells of the anterior cornua. While there is hardly any doubt that the pathology of the various forms of *polio-myelitis* is identical, still, for clinical purposes, it is necessary to divide them into several groups.

Most frequent is the *acute infantile polio-myelitis* which owes its clinical description to the keen observation and the graphic pen of Duchenne, although it had been previously described by Rilliet and Barthez and also by Lockhart Clarke. The symptoms of this disease are too well known to require any mention. The sudden febrile onset, often with convulsions, the general constitutional disturbance, the very irregular paralysis and the subsequent muscular atrophy form a perfectly clear picture.

Differing in no essential particular is the acute *polio-myelitis* of adults, a far rarer disease, but one which is easily recognized. Other forms of myelitis might be mentioned, especially Landry's ascending paralysis, but in these condi-

tions the muscular atrophy is incidental.

Turning now to the chronic forms of myelitis, we have that very important disease, *polio-myelitis chronica*, or progressive muscular atrophy. As before remarked, the pathology is probably identical with the acute forms, the only difference being that in the latter the cells are affected in large numbers and in a more violent manner. The description of this disease by Duchenne has become classic. To Aran also is due much credit for his careful clinical work on the same subject and Cruveilhier completed the picture by describing minutely and accurately the pathological anatomy.

A painless, very chronic disease *muscular atrophy* begins usually after thirty years and generally chooses the muscles of the hand as its place of attack. Probably most of the cases notice first inability to perform certain nicer actions, as writing, and close inspection shows a little flattening of the thenar eminence. The interosseous muscles are usually next attacked and then the muscles of the forearm, shoulder and back. A point to be observed and yet to be explained is that the high part of the trapezius remains long intact and has been named on this account by Duchenne, "*ultimum moriens*." As the disease progresses we have all the symptoms of bulbar paralysis and finally the muscles of respiration and the diaphragm succumb. The atrophy is very irregular, appearing in certain parts of the same muscle and progressing unsymmetrically. Certain other phenomena are fairly constant, as diminution in the reflex, and, as the atrophy advances, in the electric reaction, fibrillary contractions, coldness of the atrophied members, etc. There is no interference with sensibility. The pathology of the disease is, as has been said, practically that of the acute forms—viz., a disappearance of the large cells of the anterior cornua. At first, as it appears from the cells that have been found in the varying stages of degeneration, there is an atrophy of the cell nucleus and the prolongation, which goes on to complete disappearance of the cell itself. The muscles undergo simple atrophy, i.e., there is a diminution in their elements and at the same time



an increase of connective tissue which becomes more marked as the muscular atrophy advances. Certain changes have been observed in the anterior nerve-roots which consist of a degeneration and replacing of the nervous tissue by connective tissue. The course of progressive muscular atrophy is exceeding chronic, running ten or twelve years, or even longer.

After this consideration of polio-myelitis, it will be seen that such affections as bulbar paralysis, facial atrophy, etc., are simple variations, as far as the pathology goes, of the same process. We have simply to regard the nuclei in the bulb in the light in which they should always be looked at, as analogous to the gray matter of the cord.

With our acquaintance with the pathology of polio-myelitis, it hardly seems warranted to follow Charcot in introducing under the name *amyotrophic lateral sclerosis*, an hybrid between *polio-myelitis chronica* and *lateral sclerosis*. Why it is that certain systemic pathological processes sometimes overrun their natural boundaries and invade foreign territory, we do not know, but instances of it are common enough and there is no reason why we should introduce confusing and unnecessary distinctions. We may have a patient with exaggerated reflexes and all the other symptoms of lateral sclerosis, and, in addition, an atrophy of certain groups of muscles which simply means that the sclerosis which began in the lateral columns has involved the gray matter as well. Not only in lateral sclerosis but also in tabes dorsalis do we see involvement of the gray matter; and, again, there have been reported a few cases of old hemiplegia with secondary degeneration of the cells of the anterior cornua. This fact of secondary degeneration of the cells should always be borne in mind in making a diagnosis of cases in which muscular atrophy is a feature.

Passing now to our second division we find a form of muscular atrophy caused by disease or injury to the nerve trunks. This, of course, would follow as a corollary from the first or cornual form of atrophy. If the large cells in the an-

terior cornua of the spinal cord exercise a trophic function in addition to being motor-centers, the mixed nerves must be the only means of communication between them and the structures over whose nutrition they preside.

We have long been familiar with the phenomena which follow the section of a nerve but it was not until after the careful work of Mitchell, Morehouse and Keen, that we understood clearly the pathology of nerve injury. These investigations showed the very serious effects, including muscular atrophy, which follow injury to, without absolute section of, a nerve trunk.

We have, then, *traumatism* as an important factor in the production of muscular atrophy by destroying or injuring the nerve trunk. It is necessary only to call attention in a general way to the various forms of neuritis. As to the pathology it is practically the same, as far as its ultimate results are concerned, in all forms of neuritis.

The causes of neuritis are various:—injuries, as noted above; inflammation from some contiguous focus; exposure to cold; certain acute diseases, as diphtheria, small-pox and typhoid fever; a number of chronic affections, among which may be mentioned syphilis, leprosy, gout, rheumatism and the like. Another very common cause is metallic poisoning, lead and arsenic especially. In chronic alcoholism we not unfrequently find a neuritis, causing muscular atrophy. The best example, probably, is to be seen in that most interesting disease, *multiple neuritis*. In all these different conditions we find muscular atrophy more or less marked and, together with the other symptoms, such as trophic skin phenomena, disturbances of sensibility and loss of power, following rigorously the anatomical distribution of the nerves. Electric exploration in these cases shows the reaction of degeneration more or less pronounced. The differential diagnosis between this and other forms of muscular atrophy is usually not difficult to make except in those cases in which the neuritis is wide-spread.

There remains now to consider a very interesting condition known among

English writers as *idiopathic muscular atrophy*, and called by Charcot and the French school *myopathie primitive*. This disease has been variously subdivided and probably unnecessarily so. The form with which we are most familiar is that first described by Duchenne (de Boulogne) and called by him *pseudo-hypertrophic muscular paralysis*—a name, rather cumbersome but quite descriptive. The symptoms are well known and easily recognized. Beginning at an early or developmental period as a weakness of certain muscles, at the same time is noticed a remarkable increase in the size of the muscle. Not only do the muscles appear large and well-nourished, but upon grasping them with the hand they feel very firm and give an impression of great muscular strength. This change goes slowly from muscle to muscle and the weakness steadily progresses until the patient is absolutely helpless. The disease is very chronic, depending a great deal on the care expended on the patient, for death is usually occasioned by some intercurrent affection, generally of a pulmonary nature. Towards the close of life muscular hypertrophy is replaced by atrophy. Of the pathology there is little to say. It has been fairly well demonstrated that there exists no lesion of the spinal cord. Many cases have been carefully examined but no morbid appearance of the cells in the cornua has been described nor has there been any change noted in the nerves or their endings. When we examine the muscles affected we find that the normal structure has been more or less replaced by connective and adipose tissue. In the later stages of the disease the microscopic appearance of the muscle is identical with that of an ordinary lipoma. Since there has been discovered no special pathology for this affection and as it begins during the developmental period, it has been suggested that it is caused by some embryonic defect. It would not be very improbable to suppose, though it has not been at all borne out by fact, that there might be some fault between the terminal nerve fibres and the muscles.

Turning to the other forms of muscular atrophy which are included under the

head of myopathies, we find a number of diseases described by the French writers.

First may be noticed that form of muscular atrophy, described by Duchenne (de Boulogne) and known as the type of Duchenne. It begins in infancy and has a very strong heredity. The disease has been very carefully studied, especially in France. The first symptom noticed is some paralysis of the orbicularis and inability to close the eyes. Other muscles of the face become affected; the lips have a pouted appearance; the forehead cannot be corrugated; there is more or less wasting and the face has the appearance of a mask. As the malady progresses the arms are affected and then the course becomes the same as in the other forms about to be described.

Prof. Erb has described a form of muscular atrophy which is known as *idiopathic muscular atrophy, type of Erb*, which begins in early adult life, about the 20th year usually, affecting first the muscles of the arm, sparing always the muscles of the forearm and hand. Sometimes it begins by the atrophy of the muscles about the scapula. As the disease progresses the legs become affected and in turn the other muscles.

There is yet another form, known as the type of Leyden, in which the heredity is very strongly marked, which attacks first the legs. In addition to these, there are mixed forms in which there is very little muscular change, standing midway between atrophy and hypertrophy, in which the muscular tissue is replaced by fat and connective tissue, as in the other forms.

It is very probable that all these various forms of idiopathic muscular atrophy are in fact the same as far as their pathology goes. In many marked cases beginning in atrophy, we find certain muscles or parts of muscles hypertrophied, and, on the other hand, the termination of pseudo-hypertrophic paralysis is in atrophy, and, indeed, in this disease hypertrophy and atrophy are often seen side by side.

Thus it will be seen that it is very easy to group the various muscular atrophies under three heads. It is convenient for



clinical purposes to have the number of subdivisions, but for the clear understanding of the subject, it must be considered thus broadly until further pathological discoveries shall throw a little more light upon it."

*Dr. J. D. Blake* asked *Dr. Preston* how he accounted for increased tendon reflex when a few large cells are affected, and little or no reflex where a large number are involved.

*Dr. Preston* said he was misunderstood. It is always diminished, except in the hybrid forms, in proportion to the cells involved.

*Dr. Rohé* said he had seen two cases of polio-myelitis following attempts at suicide by arsenic and he would like *Dr. Preston* to account for it.

*Dr. Preston* said as in a case of lead poisoning, a certain chronic poisoning may follow, so it may in arsenic poisoning if a sufficient quantity had been absorbed.

*Dr. J. D. Blake* said he was glad to see on the card a case of typhoid fever as he had a number of such cases and had been observing them. He had a number of cases on the Washington Road which he attributed to the water. Others had also a number of cases in that locality. Some of them were very severe. He tried the internal administration of bi-chloride and, in addition to it, iodoform—to get the antiseptic effect of the bi-chloride on the blood and of the iodoform on the alimentary canal. He also used small doses of quinine, and, when necessary, stimulants. He kept four patients on bi-chloride—gr.  $\frac{1}{10}$  every four hours—using it two or three days and then remitting it three days. They did well. In those cases in which he used iodoform—gr.  $\frac{1}{10}$ —and quinine the bowel trouble was lessened and there was not so much prostration. Whether that was due to iodoform or not he could not say. He claims no originality for the treatment prescribed. The bi-chloride did not disturb the bowels. There was some pain but it was not due to the iodoform.

*Dr. J. L. Ingle* asked if the dose of iodoform was not small.

*Dr. Blake* said of course he could have

given much more but if its antiseptic effect is near what is claimed for it, a small dose constantly repeated ought to effect good results.

He referred to the fact that in the Year Book of Medicine it is recommended to treat the disease by catharsis.

*Dr. J. T. Pennington* said he thought it very important that the bowels should move at least once a day and if they did not he would give something to aid them.

*Dr. E. M. Reid* said he did not know whether all country doctors do, but many begin the treatment by giving blue-mass. He does and follows it by a mild aperient, as Frederickshall water, and he notices that the fever comes down after it. Then he gives small doses of quinia, etc. He does not think *Dr. Blake's* cases sufficient in number to determine the efficacy of the remedy used but thinks it a step in the right direction.

HENRY B GWYNN, M.D.,

Rec'g and Report'g Sec'y,

1837 W. Lexington St.

## BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD NOV. 19, 1888.

*Dr. H. M. Wilson*, the President, in the Chair.

*Dr. John N. Mackenzie* then presented

### A CASE FOR DIAGNOSIS.

A child ten years old had a growth in the posterior nares entirely filling up this space, also a large adenomatous growth in the left cervical region. He suspected syphilis and had used large doses of the iodide of potash pushing it almost to iodism. There was some improvement. The growth in the throat bled easily. The child was nourished with a tube and had improved under the regular administration of food in this way and the iodide of potash. He brought her to see if any light could be thrown on the diagnosis, and also to see if any one cared to take the case for operation.

*Dr. J. E. Michael* thought that the diagnosis of a secondary congenital and syphilitic growth was not well established. The fact that it had decreased under the iodide of potash would lead us to suppose this, but it is not an unusual growth. A malignant growth may also decrease in this way. The two growths must have a connection and he had never met with any syphilitic growth which was so easily susceptible to hemorrhage as this one.

*Dr. J. J. Chisolm* said he could not say what diagnosis he would make from the inside growth. The outside one looked like an adenomatous growth. The child was of a lymphatic diathesis. He did not think it was syphilitic.

*Dr. W. C. Van Bibber* also said he did not think it was of specific origin.

*Dr. John R. Uhler* had not examined it very carefully but was inclined to agree with Drs. Chisolm and Michael. He had also thought of exophthalmic goitre. There might be a vascular growth in the throat. It looked like an aneurism by anastomosis. He referred to the treatment of exophthalmic goitre by strophanthus.

*Dr. John N. Mackenzie* said he did not bring it forward as a case of congenital syphilis. The history was very meagre. He could say that under the iodide of potash and cod liver oil, the uæres became patulous and the growth softer. At first the palate was involved and the whole post-nasal region was filled up.

*Dr. Robert T. Wilson* thought it would be an excellent case to photograph.

*Dr. J. J. Chisolm* referred to a case in his own practice. A lady of thirty had been sent to him to have a cancerous jaw removed. At the beginning there had been an induration of the lower lip, which the family physician had thought best to treat by incision. It had not disappeared but grew worse. The whole lower lip was involved, which a second physician had almost entirely excised. It was extending to the throat. *Dr. Chisolm* thought it was syphilitic and declined to operate but gave the iodide of potash with the bichloride of

mercury. In six weeks she was well.

*Dr. H. P. C. Wilson* then gave an

#### ACCOUNT OF HIS VISIT TO THE CLINICS OF EUROPE.

He began by saying:—"I am not gifted in the art of speech, and hesitate to speak on such subjects. When I go to Europe, as I do almost every summer, it is generally for pleasure and not for medicine. However I saw some things this year which were of interest to me from a medical point of view. I attended the meeting of the British Medical Association in Glasgow, of which I am a member. There were from 1200 to 1300 physicians present. The meetings were general, but the work was done in sections. I did not pay much attention to the general meetings, but spent more time in the section of obstetrics and gynecology. It was a large section and met in one of the recitation rooms of the Glasgow University, and the room was filled at every meeting with many of the very best men in the whole British Empire, India, Australia, Canada, West Indies, England and France. *Dr. T. More Madden*, of Dublin, was president of the section and he honored me above my deserts, with *Dr. Fordyce Barker*, of New York, by placing us the one on his right hand, and the other on his left. A very amusing incident occurred at which I got some éclat at the expense of *Dr. Battey*. *Dr. Alexander Simpson* read a paper on "Intra-uterine Death, its Pathology and Treatment." *Dr. Robert Barnes* opened the debate, followed by *Dr. Edis* and others. The incident which followed was rather amusing and I remember now that I told it at Washington. *Dr. Fordyce Barker* was called on and he spoke in his usual happy way. Then *Dr. T. More Madden* said, "I now introduce to you *Dr. H. P. C. Wilson*, of Baltimore, the president of the American Gynecological Society," and before I could open my mouth to protest, there was such a round of applause as I never heard before. I rose and stated that I was not the president of the American Gynecological Society, but that *Dr.*



Robert Battey was. It had no effect, the applause still continued and I was the lion of the day. I spoke on the preventive treatment of intra-uterine death, in which I took the ground that there could be no proper general treatment, it depended on so many extraneous things that we had to treat each individual case by itself. In a retroverted uterus the woman is sure to abort unless the uterus is raised, also with an irritable uterus, many women are liable to miscarriage, and you have to adopt a different plan of treatment. Another paper which interested me, was one, to the subject of which I have paid much attention, namely — "Obstructive Dysmenorrhœa and Sterility and its Treatment." Any number of uterine dilators were exhibited, nearly every man who spoke on the subject showed one of his own invention. It gratified me to hear Dr. Robert Barnes take the position, that Dr. J. Marion Sims and myself have always held, namely, that in a large majority of cases, nothing will cure, but dividing the cervix backwards and forwards. But the after-treatment, I hold, is as important as the operation. I have had more pregnancies to occur from this operation than from any other operation for sterility.

The meeting was enjoyable. The British physicians are hospitable and cordial and treat us well.

I saw some operations in London by Drs. Bantock and Thornton, but when I got to London the hospitals were closing and the gentlemen were going on their vacation. London is dead from the end of July to the middle of September, most of the doctors are off fishing, hunting, &c. I paid about fifteen visits and found only one doctor at home, and he had only come to the city for a day, (Sir T. Spencer Wells.)

I had a very enjoyable visit in Paris. Dr. Chisolm added much to its pleasure, but he was after the eye and I after *something else*. I found Doléris a very pleasant gentleman, and a progressive man in gynecology and obstetrics. He called on me the next day and drove me around Paris and took me to the hospital. I went the next day at 8 A. M.

to see him do a laparotomy, and let me say just here that in the whole of Paris, if not in France, there is not a whole hospital entirely devoted to the treatment of diseases of women, and there is no professorship of gynecology in any college in France. Dr. Doléris operated well. He did not use a sponge in the operation, except in cutting the skin at the beginning of the operation. After that he turned on water and washed and washed until no blood came away from the abdominal cavity. I saw him also enrette the uterus and in this operation he used his curette which has a hollow handle through which water is forced throughout the operation, thus keeping the enretted surface clean.

I saw no Sim's speculum there. He took me to the Hospital St. Louis, to see Dr. Péan perform a vaginal hysterectomy for a fibroid tumor of the uterus. The room was crowded. He introduced me and said he regretted very much that the patient was not in a condition and asked me to stay and see it later but I could not. I saw him, however, do three operations. One for a large sarcomatous tumor of the thigh. He made an immense incision, and the peculiar part was that he tied no vessels, but used compression forceps so that when he closed the wound fifteen to twenty compression forceps were hanging in bundles of two and three with sutures between the bundles. The patient was taken out with them.

The second operation was the removal of a naevus from the external labium of a child. The thermo-cautery was used. The third case was one of umbilical hernia. It was larger than my double fist, in a child only six hours old. It was a feeble child, but chloroform was given it boldly. I may say here that in all my travels in Europe I have never seen any anæsthetic used but chloroform. At one time the child stopped breathing and I thought it was dead, but Dr. Péan continued to operate regardless of the child's condition, while the assistants kept up artificial respiration. He had great trouble in getting back the intestines. He finally closed the wound and the child was taken away. The next

day I saw one of the relatives of the child in an instrument shop, and to my surprise he said the child was doing very well.

I spent many pleasant and profitable hours with Apostoli. He was very pleasant and called on me and gave me a handsome breakfast. He took me to his hospital and to Gaiffe's establishment where he selected a battery and electrodes for me. I spent a number of days in his clinic from 2 to 6 P. M. His offices were crowded with women all the time. I thought that I knew something about electricity in gynecology as I had used it constantly for twelve months before going to Europe, but I found that I did not. There is no doubt about it, one who will go to Dr. Apostoli's clinic, see the cases, and hear the history, would find there is no humbugging about the use of electricity in certain diseases. I saw him puncture the uterus, pass the electrodes &c. I have never seen a man use it as he does.

I saw him one day use it in a severe case of large myoma, commencing with small doses. He gave from 60 to 70 MA. A miserable woman came to me for treatment in Baltimore with a large uterine growth, she was so miserable from it that she wished to die. After treatment she looked better, the tumor was reduced one-fourth and to day I saw her a changed woman. The tumor is reduced one-third and she is delighted. To-day I gave her 110 MA. with the first application. Drs. Keith of London, formerly of Edinburgh, told me that they had used it for eighteen months. They had in the above time, one hundred cases of myoma, about 15 or 20 came for hysterectomy and ten had done fairly well. Dr. Keith is not an enthusiast, but a cool, clear-headed man. He said he had not done hysterectomy for 18 months. Operators do not claim that they remove entirely the growth, but they say that they can take a woman and make her comfortable with electrolysis when they are not justified in doing an operation. This they claim to effect in the case of myomata. I have been using galvanism in other diseases a great deal of late. In pelvic cellulitis it is useful in re-

moving the deposit of lymph by setting up an absorption.

I thank you for your attention, I will not take the society's time longer".

### Correspondence.

#### A SUGGESTION OF A NEW USE FOR NITRO-GLYCERINE.

*Editor Maryland Medical Journal:*

DEAR SIR:— Having recently had occasion to prescribe Nitro-Glycerine and to observe its physiological action, I came to the conclusion that the statement, that it abolished the inhibitory function of the pneumogastric nerve upon the heart's action, was correct; at the same time I observed that the capillaries, and possibly also the smaller arteries, were conveying far more blood than they had done before its administration; this was evidenced by the flushing of the face and the increased warmth of the extremities, while the radial pulse beat fuller, freer and more rapidly.

I ordered the drug in a case of cardiac asthma, in a male of 82 years. There is no evidence of cardiac disease per se, simply a weakness of the heart's action, with a want of co-ordination of the action of the right and left side of the heart, due to senile degeneration. I had been giving strephanthus, which was producing some effect as a heart tonic but failed to be prompt enough to avert the attacks of asthma.

I had to give 3 drops of a 1 per cent. solution of Nitro-Glycerine to produce any sensible effect in this case. On Nov. 29, 1888, Thanksgiving day, he spent the afternoon and evening away from home and returned thoroughly chilled feeling also the commencing shortness of breath. His wife administered to him a 3 drop dose of the solution of Nitro-Glycerine and he told me the next morning that the effect was almost instantaneous. He soon became warm and he was relieved.

Now, reasoning from its physiological, and its therapeutic action in this case, it seems to me that it would act highly beneficial in cases of threatened gan-



grene of the extremities. So far as I know this idea is original with me and I should be glad to hear of the results of a trial in a case of this kind.

To avoid being tedious, I have only given those features of the case mentioned, which illustrate the action of the Nitro-Glycerine in enfeebled action of the heart, as the case itself presents no special features of interest.

Having since heard that Messrs. Sharp & Dohme were making tablets of Nitro-Glycerine for both hypodermic injection and use by the mouth, I have substituted them for the solution with great satisfaction to the patient and myself.

W. C. KLOMAN, M.D.,  
1519 JOHN STREET.

### TREATMENT OF DYSENTERY.

*Editor Maryland Medical Journal :*

Your Journal for Nov. 24, came to day, and remembering I had not read the previous number, I thought I better "begin at the beginning"—my attention was arrested by the reported discussion in the Baltimore Medical Society, as regard dysentery, and its treatment, also in the last month a communication from Dr. Edw. Anderson of Rockville, Md. For three or four years the section of Kent County, in which I practice, has had rather more than its share of dysentery, especially is this true of the rural sections, Chestertown having had considerably less of this as well as other entire troubles since the adoption of a fine system of water works. I have had a great many cases, some of a mild type easily managed, others of the very severest form of the disease. I have searched diligently in all the cases for a cause, and have failed to find one in more cases than I liked, though in quite a number I have found the sanitary surrounding deplorable and have only succeeded in arresting the spread in several families, when I was fortunate enough to persuade the head of the family to change his source of water supply. The month of July and the first half of August seem to have been the

favorite weeks. I have tried many of the various treatments laid down in the text-books, have confined myself in some cases to laxatives, liquid diet and thoroughly ripe fruits, etc. In others I have used mercury, quinine and opium. The ipecac treatment has been faithfully tried in many cases and in as many has been promptly abandoned. Meanwhile I was unfortunate enough to lose several cases, two of them after long, hard fights. Upon consulting Bartholow's Practice, I found he laid great stress upon the following treatment; first give your patient five doses of sal epsom, until you find you have emptied the alimentary tract, above as well as below, then give at intervals of two, three or four hours as may be necessary; 3 i doses of the following combination: ℞ tinct. opii deod. gtt. 160, cupri sulph. grj syrup lemon 3 iv aq font qsd 3 ij, to be continued until the bowels are quiet and the pain is subdued, having the patient drink freely of milk meanwhile. If the patient does not strain at the next stool I hold off the epsom salts, if he does I repeat it. This I found to give more relief than any of the many treatments I have tried. In some cases when the ulcerations are large, as shown by the passage of pus (which must be looked for carefully) and slough of mucous membrane and blood, I have been in the habit of first washing the bowel out with tepid water, one, two or three pints, using a piece of plain rubber tubing, well greased and pressed well into the rectum. This is followed by a solution of metallic silver, the strength to be graduated by the circumstances.

As dysentery is a disease when the powers of life are quickly used up, in many cases a typhoid condition soon developing, concentrated nourishment should be given freely, egg-nog, made with brandy being at the top of the heap for this purpose. Every possible thing should be done to make the patient comfortable, sponge baths aiding very naturally in this direction.

If there is restlessness and inability to sleep, five grain doses of antipyrin have been of service. This line of treatment I am very well aware is not new nor

does it possess anything at all startling, but what is better it has proved of great service to my patients, and to me no doubt; there may be other lines of treatment equally as good, that have proved of value to others, if so, let us have them, as there are few diseases that have given me more trouble than dysentery.

I have used salve in dysentery, also in typhoid cases, I am not able to say much concerning it, pro or con, but I can say that salicylate of soda with sub. nit. bismuth will rob the stools of much of this offensiveness and check this frequency.

W. FRANK HINES, M. D.

**MILK SCARLET FEVER.**—A report on eruptive diseases of the teats and udders of cows in relation to scarlet fever in man, by Professor Brown, C.B., Professional Officer to the Agricultural Department of the Privy Council, has been presented to both Houses of Parliament, and may now be obtained through any bookseller, or direct from Messrs. Eyre and Spottiswoode, London; Messrs. A. and C. Black, Edinburgh; or Messrs. Hodges and Figgis, Dublin. Appended to this document are reports by Professors Crookshank and McFadyean, Mr. Villars, M.R.C.V.S., and by travelling inspectors of the department. The whole fill more than a hundred pages, and the various macroscopical appearances are illustrated by twenty-one lithographed plates. Professor Brown contends that "the theory that the specific poison of scarlatina may originate in the system of the cow rests mainly on the single outbreak at Hendon in 1885-6" and that "in that case, it was based on the presumption that the milk had not acquired the ability to cause scarlatina by the agency of persons carrying scarlatina infection;" whereas there was "a possible source of infection of the milk by human agency, as scarlatina existed in the Mead, between which and Mr. Panter's sheds constant communication was kept up." Professor Brown attaches great value to the fact that another epizootic affecting cows occurred at Hendon and elsewhere in 1887-8; it pres-

ented symptoms which leave little doubt in his mind that it was the same disease as had occurred in the previous year, but there was no coincident outbreak of scarlatina.—*Brit. Medical Journal*.

**DANGER OF LARGE DOSES OF MALE FERN.**—Dr. Bayer of Reichenberg, publishes in the *Prager Medicinisch Wochenschrift* a case which has come under his observation in which very dangerous symptoms were produced by extract of male fern together with extract of pomegranate. The patient was a woman of twenty-six years of age, who was suffering from tapeworm. She had been ordered by a medical man to take capsules each containing 2.5 grammes of extract of male fern, along with the same quantity of extract of pomegranate. She took three of these capsules. Early in the morning, at intervals of an hour, they produced severe sickness, and a portion of the tapeworm came away. As, however, the head did not come, the patient proceeded to take four more capsules, so that altogether she had taken 17 grammes of each of the two drugs. These set up violent vomiting and diarrhoea, which continued till late in the afternoon, without however, producing any further signs of the tapeworm. She then became exceedingly faint and prostrate, and in the evening fell into a comatose condition, in which she lay for thirty hours, notwithstanding continued efforts to arouse her. When at last she awoke, she found that her left eye was blind. When it was examined the next day, the pupil was found to be widely dilated, and quite inactive to light. The ophthalmoscopic examination revealed nothing abnormal; the pupil of the right eye reacted to light, but the acuteness of vision was diminished. After having been kept in the dark for forty-eight hours, the left eye was found to be sensitive to light, and as the patient regained strength vision gradually returned, and in a fortnight was nearly as good as ever. Dr. Bayer concludes that Gerhard's advice never to give more than from five to ten grammes of extract of male fern should be rigidly adhered to.—*Lancet*.



## MARYLAND MEDICAL JOURNAL

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BALTIMORE, DECEMBER 15, 1888.

**Editorial.**

THE NECESSITY FOR POST-GRADUATE INSTRUCTION IN THE PRESENT STATE OF AMERICAN MEDICAL EDUCATION.—Many years ago Paris was considered the proper place for medical study after graduation. Later Vienna offered great attractions in the larger number of courses on every possible subject, all given in one large hospital. Now for some time physicians going to Europe for general study travel direct to Vienna and at any time during the winter term many English speaking physicians may be found there.

Of late the question has been asked if such instruction cannot be just as well given in the large cities of America. With this idea several post-graduate schools have been started and are meeting with varied success. The necessity for such instruction in this country need hardly be discussed, as every one is of one opinion. Even the best educated graduate knows little of practice and most of his knowledge is theoretical, and as long as medical schools in this city and elsewhere persist in having a large number of didactic lectures and rarely more than one clinical lecture a day, so long will the graduates of the school feel the necessity for post-graduate instruction.

Dr. Lee's figures as to the increase of students at the New York school show how popular such an institution is. Many will always want to visit European capitals to study, but many more unable to undergo this expense, can brush up in their own cities. There is everything necessary for a post-graduate school in this city, except the energy. It exists, in name, has ample material and good teachers, but indifference reigns and at present it only does harm by creating an additional dispensary. A good school, properly conducted in this city, would draw students from the South and South West and would undoubtedly meet with success here.

THE STRUCTURE AND MODE OF PROPAGATION OF THE TUBERCLE BACILLUS.—“There is, so far as I can discover and understand, nothing against my advancing the theory that this and similar beaded bacilli are histologically formed of bisessile joints—like some of the tænia helminths—which, transversely separating and moving to new parts of the medium in which they grow, so proliferate their kind in successive generations.”

So writes Mr. Macnamara, a surgeon of British Guiana, in the *Dublin Journal of Medical Science*, November, 1888. According to his view, then, the germ of tuberculosis is some more simple organism, not as yet detected by microscopists or if detected not known to be connected with tubercle, which in its original state, lives and grows in media external to the animal body. These germs are constantly drawn into human lungs along with the air inspired, but when the lungs are healthy they find no resting place, but are destroyed, probably by the “metabolism of pure and healthy tissues.”

When, however, the lungs are in a certain condition of unhealth—the *misère physiologique* of Bouchardat—these germs find a lodgment, and thriving vigorously on the “masses, histologically speaking, of effete organic substance” in such lungs, they “through some as yet hidden meta-

morphosis, become revealable subsequently as tubercle bacilli." In *British Guiana*, Mr. Macnamara thinks, 70 or 75 per cent. of tubercular cases are due to "unhealth" of lungs arising from the strain put upon them by insanitary conditions of life and by malarial fevers; 20 or 25 per cent. come from "unhealth" of lung which is brought on by alcoholic excess; the remaining 5 per cent. originated in the "unhealth" of idiopathic pneumonia.

He sums up his views as follows: "The disease phthisis is one secondary to a condition of 'physiological misery' and is brought about by infection—using the term in its widest sense—due to a bacillus—a portion thereof or an unknown ovum or spore.

The tubercle bacillus *ab initio* has no more existence than, for example, the bothriocephalus, without passing through a host.

Such a disease, being zymogenic, is preventable, at least in such sense as this latter term is used in sanitation generally."

**PROTECTING THE HEALTH OF CHILDREN ATTENDING THE PUBLIC SCHOOLS.**—One policy of the latter end of this enlightened nineteenth century has been attention to the children and an attempt to protect, by hygienic and sanitary measures, their health, and thus to raise up a strong and healthy generation to succeed the present. Probably no where else, more than in school, are children affected by crowding, bad light, want of ventilation, improper heating, improper position, and it is, therefore, a source of great gratification that the city council has now before it an ordinance to protect the health of children attending the public schools and to improve the sanitary condition of buildings used for public school purposes. It provides that the board shall appoint an officer, to be known as the sanitary superintendent of public schools, who shall look after the health and eyesight of children. The official shall be a competent physician who shall examine all

plans for new school houses, and all text books. It is encouraging to see that members of the city council take sufficient interest to bring up such a bill and it is earnestly hoped that the Committee on Health, to whom the bill is referred, will intelligently consider it and report favorably.

The position of children in school is often very bad, as they are cramped and crowded in narrow school-rooms and narrow desks at a period of their life when everything is developing. Consequently malformation is often the result, and the early development of some hereditary disease which some good hygiene could prevent. The bad light and badly printed books together do great permanent injury to the eyes. In bidding for cheap books the school board, unfortunately, thinks of little else than the money. Consequently all the books in use now, with the exception of those printed in Baltimore, are badly made and far from legible. It does seem as if a sanitary inspector would need his whole time to remedy these defects and in this case the paltry salary of \$1,500 is far too small to give to an educated hygienist, sanitarian and physician. Any man who is able to take this position can probably earn much more in the same time in his practice.

Let us hope then that the member proposing this bill is honestly endeavoring to do good and that a proper man will be selected, one whom the profession can endorse. Let us take care of the children and they will grow up a strong race able to take care of themselves.

### Miscellany.

**A HEALTH BUREAU PROPOSED.**—Senator Gibson introduced a bill for the establishment, in the Interior Department, of a Bureau of Health, to be under the direction of a commissioner, who shall receive an annual salary of \$5,000. It also provides for the appointment, by the President, of a health commission, to be composed of twenty members, who shall



be divided into six sections, as follows: Five for the yellow fever section, three each for the cholera, typhoid fever, scarlet fever, small-pox and diphtheria sections. Each member of the commission shall receive an annually salary of \$1,200, and is shall be his duty to investigate the cause, origin, and best mode of prevention of the diseases mentioned. Five members of the commission shall be organized into a quarantine commission, whose duty it shall be to examine into, and report upon, the efficacy of the quarantine at the various seaports of the United States. Upon the report of the commission to the health commissioner that the quarantine service at any port is inefficient, the commissioner is commanded to direct the collector of customs at the port to refuse entry to any vessel, goods or persons coming from any infected place, unless the vessel shall have undergone quarantine at some national quarantine station.

An appropriation of \$75,000 is made for the expenses of the bureau annually, and an appropriation of \$500,000 is made, to be drawn upon whenever necessary for the suppression of any contagious or infectious diseases.

**TREATMENT OF PNEUMONIA.** — Dr. Thomas Darlington *Medical Record*, Dec. 8, 1888) of Kingsbridge N. Y., has had recently a large experience in the treatment of pneumonia. The disease occurred principally among the workers on a part of the new crop aqueduct near New York. He gave purgatives early in the disease. In regard to further treatment he summarizes as follows:—

In regard to the treatment, I believe the less treatment the better. I never used aconite but once, and on that occasion the patient drank it all in one dose. And I did not give whiskey, for it would have disappeared immediately. I feel convinced that if we do not give much aconite, we will not have to use so much whiskey. And I firmly believe that whiskey, as a rule, should not be given, and that if a stimulant must be had, opium, in the form of Dover's powder,

is much better. I made no selection of the cases that I kept, they were simply those who would not go to the hospital; but nevertheless I did not have a single death from pneumonia on the line. My treatment simply consisted of cathartics (principally pil. cath. co.), ammonia muriate with ipecac, and last, and of most importance, *fresh air*.

**A THREAD AND NEEDLE SWALLOWED.** — Dr. Busty, of St. Leonard (Haute-Vienne) reports the case of a farmer, forty-nine years of age, who swallowed while partaking of some soup a threaded needle. During the night he felt no effects, but early in the morning, when he went to get up, he was unable to do so because of the sharp, lancinating pains which he felt in the region of the stomach. These pains disappeared after a short time; the patient ate his breakfast and went to his work. Upon defecation, which act was performed normally, the pains suddenly returned in the region of the lower bowel. The thread appearing externally, it was pulled upon, and after much suffering both thread and needle were extracted. The needle was five centimetres long, not rusted, but blackened by the sulphuretted hydrogen of the intestinal contents. The thread was undisturbed in the eye of the needle. The time from its entrance to its exit from the digestive tract was about seventy-two hours. There were no serious lesions or other bad results.—*Le Progrès Médicol.*—*Med. Register*.

**DR. LAWSON TAIT ON ELECTROLYSIS.** — He was also severe on Dr. Apostoli. Altogether Dr. Tait seems to have had to do with 22 patients who were subjected at one time or another to the electrolytic treatment; 16 who came to him either for the first or second time after the electrolysis, were submitted to operation, and all recovered. Three others are considering the advisability of submitting to operation (hysterotomy, or removal of appendages), and three are dead. The only case in which he has

known Dr. Apostoli's treatment to do any good was an instance of subinvolution with chronic metritis, retroversion and catarrh of the endometrium. His treatment in Paris occupied five months, and cost a great deal of money; whereas Mr. Tait says that such cases are invariably cured by the simple process of dilating and curetting the uterine cavity, and applying Paquelin's canterry freely to the inside—an operation devoid of risk, almost painless and completed at a single sitting.—*London Correspondent of Phila. Med. Times.*

**FATIGUE FROM USE OF THE TELEPHONE.**—At the meeting of the American Otolological Society in Washington, Dr. Clarence J. Blake, of Boston, read a paper on the influence of the use of the telephone on hearing-power. He thinks that this influence must be injurious, because the extremely low intensity, as demonstrated by experiment, of the sounds to be caught from the telephone, compelled a strain of the ear which soon fatigued it, and made it especially liable to injury by the accidental sounds of comparatively high intensity, which were constantly liable to be heard. Dr. C. H. Burnett said he had seen several patients who believed that the continued use of the telephone had impaired their hearing. Dr. O. D. Pomeroy gave the case of a patient who said the use of the telephone fatigued her very much, and she thought had made her decidedly worse.—*Science.*

**A NATIONAL BOARD OF HEALTH.**—At a meeting of the Councillors of the Massachusetts Medical Society, held Oct. 3, 1888, the following resolutions were unanimously adopted: "That in the opinion of the Councillors of the Massachusetts Medical Society the present epidemic of yellow fever, in several States of this Union, has again made evident the imperative need of some organization on the part of the General Government for the protection of the public health—an organization that shall be independent of existing bureaus, and solely devoted to this most necessary function of any form of government. That this resolution be sent to the Presi-

dent of the United States, to Members of Congress, and to the Boards of Health of the several States."—*Med. Record.*

**A PROPHYLACTIC AGENT.**—Turpentine has long been regarded as a prophylactic against phosphorus poisoning, and has been recommended in this country, the suggestion being that French turpentine or very old turpentine was more efficient than any other. We now learn that a committee has lately been appointed by the Council of Public Hygiene for the Department of the Seine, Paris, to look into the matter and obtain all the information possible. The custom has been for those exposed to phosphorus to wear a small bottle of turpentine suspended from the neck by a cord, and thus the person was always cognizant of the fumes of the prophylactic agent.

## WASHINGTON NEWS AND COMMENT.

Dr. Lachlan Tyler has retired from practice in this city, having received an advantageous offer from a mining company which is located at Bremwell, Mercer Co., Virginia.

Dr. W. H. Fox, of No. 1517 L St., has been elected a member of the Cosmos Club.

At the last meeting of the Washington Obstetrical and Gynecological Society, Dr. Skene, of Brooklyn, and Dr. Battey, of Rome, Georgia, were elected honorary, and Drs. T. M. Norton and H. L. E. Johnson, of Washington, active members. Dr. Norton has also become a member of the Clinico-Pathological Society.

The next meeting of the Obstetrical and Gynecological Society will be held on the evening of Dec. 21st (Dr. G. P. Fenwick, essayist); of the Clinico-Pathological on Tuesday evening, Dec. 18th, (Dr. C. R. Luce, essayist).



### Medical Items.

A case of small-pox has been reported at Bay View Hospital.

Sir Morell Mackenzie has resigned his membership of the Royal College of Physicians of London.

Sir Spencer Wells has been appointed a Deputy Lieutenant of the new County of London.

The American Society of Naturalists will hold its annual meeting this year at the Johns Hopkins University on December 27 and 28.

Bamberger's successor, it is said, will be Prof. Schrötter, a gentlemen widely known as a laryngologist.

Small-pox is raging to such an extent in many departments of Italy that the Government has decided to reorganize its vaccination service.

Dr. C. Lloyd Tucker in the Nineteenth Century for this month contributes an article entitled "Faith-Healing as a Medical Treatment" which is simply a description of treatment by hypnotism and suggestion.

Mr. James McMillan and Mrs. John S. Newberry, two public-spirited citizens of Detroit, Michigan, have just presented to that city a hospital costing \$125,000 with \$100,000 endowment.

The last article from the pen of the late Professor Bamberger was a study of a case of gastro-enteritis from poisoning by ptomaines. The source of the ptomaines was some old sausages which the patient had eaten.

The Hoagland Laboratory in Brooklyn will be formally opened this evening at 8 o'clock. The address will be delivered by Professor H. Newell Martin, M.D., of the Johns Hopkins University, after which the laboratory will be opened for inspection.

A stranger went to the house of a Brooklyn physician last week, just after the doctor had gone out, and told the latter's brother that he wanted to pay a bill of \$20. The stranger gave a check for \$35 and got a receipted bill and \$15 in change. The check was a fraudulent one.

The Copley medal of the Royal Society, London, has this year been awarded to Prof. Huxley, in recognition of his investigations into the morphology and histology of vertebrate and invertebrate animals, and for his services to biological science in general, during many past years.

The memorial to the President and Council of the British Medical Association in regard to the appearance in the *British Medical Journal* of a facsimile of a "script" by the late Emperor of Germany is signed by a very formidable list of its members expressing their disapproval.

Prof. Von Pettenkofer, the distinguished sanitarian and scientist, of Munich, and Surgeon Cunningham, the eminent medical inspector, of Calcutta, have proven that strict *local cleanliness* is far more effective preventive of epidemic and endemic diseases than even the most relentless shot gun quarantine.

Professor Du Bois-Reymond attained his seventieth birthday a few days ago, and the medical students made preparations to give him an ovation on the morning of his anniversary; but desiring to avoid all personal homage, he passed the day out of Berlin. A large number of messages of congratulation from all parts of Germany were forwarded to him.

A British naval surgeon, Dr. Beveridge, states that for foreign bodies in the throat, such as pieces of meat, etc., a simple mode of relief is to blow forcibly into the ear. This excites powerful reflex action, during which the foreign body is expelled from the trachea. The plan is so easy of execution that, if there is anything in it, it ought to be generally known and applied.

Dr. H. M. Wilson, Jr., announces the opening of the Catskill Mount Sanitarium at Blythewood near Tannersville, Greene Co. N. Y. The complete equipment of the Sanitarium and the well-known salubrity of the climate in that region will make it a very desirable resort for certain kinds of patients and a fitting rival to the Adirondacks.

A Dr. Humphreys, of Camden Town, London, England, was committed for non-payment of debts. He explained that, though he had a practice in Camden Town, "he had so much opposition that he could scarcely get a living." The competition was so great, he said, "that some of the medical men attended patients for five cents per week!" The judge showed his belief in the doctor's plea by refusing to make an order.

It is said that a circular will soon be issued from the Surgeon-General's office to the resident physicians of all the civil hospitals in the country for the purpose of giving them an opportunity to appear before a board of medical officers in May, 1889, and enter the army on that date if they so desire, it being the special wish of the Surgeon-General to secure for the medical corps of the army the services of young men who have gained practical experience in their profession by a residence in the large city hospitals.—*The Journal*.

The *News* and the *Journal* of Chicago still continue their war against cigarettes. The *News* has had a number of cigarettes of popular brands analyzed. They were stripped of every distinguishing mark, each brand put in a separate box, the lid of which was inscribed with a letter, and the whole lot then handed over to a well-known chemist. He found that the cigarettes submitted were generally made of tobacco "imperfectly fermented," and that nearly all had an unnatural proportion of insoluble ash; that several kinds were steeped in an injurious substance, and were impregnated with dirt in varying proportions.

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BALTIMORE, DECEMBER 22, 1888.

Editorial.

A CASE OF AKROMEGLIA.—At a recent meeting of the N. Y. County Medical Association, Dr. Adler (*Boston Medical and Surg. Journal*, Nov. 22, 1888) exhibited a case of this rare disease, which was first described and named in 1886, and which had never before been observed in this country. The patient, a German woman of 34, was first seen 8 months before. Her family was healthy. She had been strong and well until her 18th or 20th year, the time of the onset of the disease not being clearly remembered. Menses began when she was 15, were always irregular, and ceased entirely after 3 years. When she was about 20 she noticed that her feet would swell at times, the swelling yielding to a shoe or bandage. There was swelling of sub-maxillary and other glands about the same time. Was married at 20. At 23 her finger enlarged so that her wedding ring had to be cut off. Her chief trouble was pain in the back, weakness and migraine. Being unable to walk, she lay generally in a semi-recumbent position. At first sight one would be impressed by the great size of the head and the marked projection of the lower jaw, and would naturally suspect myxœdema or a condition resulting from

extirpation of the thyroid gland. The tongue was hypertrophied and flabby. The teeth were good but somewhat separated from one another. The hair was abundant. All the lymphatics of the neck were enlarged. The right lobe of the thyroid gland was wanting. There was no trace of the thymus gland. There was great enlargement of the clavicles and ribs, with consequent bulging of the chest. The adipose tissue of the body was not increased. The bones of the limbs were all enlarged, and the same was true of the pelvic bones. The finger-nails were normal. The feet and hands were immensely enlarged. The muscles were everywhere flabby and atrophied. The skin was greatly thickened, but for the most part soft and pliant. In the parts which were hypertrophied there was marked hyperæsthesia. Ophthalmoscopic examination revealed nothing abnormal. The urine was normal. The blood exhibited, upon microscopic examination, the appearance of perfect health, although the patient seemed anæmic. Appetite was good, bowels slightly costive, heart and lungs and other organs normal. The electric excitability was diminished, but, probably not from degeneration of the nerves. The patient had been bright and lively as a girl, but was now dull and apathetic, exhibiting marked psychical degeneration.

Dr. Adler after reviewing briefly the very unsatisfactory pathological theories advanced to explain the symptoms of this disease, went on to speak of the treatment, which consisted simply in rest, diet, regulation of the bowels and the administration of antipyrine which controlled the migraine.

IMPERFORATE HYMEN.—An article like that of Dr. Carr, (*Trans of Medical Journal of West Va.*, 1888.) is always welcomed by the practitioner, giving, as it does, a careful review of the different methods of treatment in this very grave condition, and showing their application in a typical case. In this instance the patient, a girl of 28 years, had suffered from pains in the back, monthly for four



years, but had never menstruated. The doctor, finding her general health good, ordered tonics. After a short time her health began to fail, the pains in the back spread to the hypogastrium, and she complained of "a large lump in the lower part of the bowels" which became very hard and tender during the pains.

An examination revealed an imperforate hymen pushed down between the labia, by retained fluid. In the hypogastric region was a tumor which extended from pubes to umbilicus.

A study of the text-books concerning the proper operative measures in such a case of retained menses, only left him "at sea," so he decided to follow his own judgement. A grooved exploring needle, pushed obliquely through the very vascular hymen and withdrawn, brought only a few drops of blood. A small flap-incision was then made. A thick fluid, without odor, escaped by drops during the two following days, the uterine tumor became smaller, and no unfavorable symptoms occurred. The flow having ceased, the incision was then enlarged, and from 30 to 40 ounces of a dark grumous fluid escaped. A broad abdominal band was put on. A moderate discharge took place during the following week, becoming of a brighter red at the time when the menses were due. One week after the incision, the discharge having ceased and the uterine tumor having disappeared, a cross incision was made and the cavity was washed out twice a day with carbolized water until all discharge had ceased and almost all tenderness was gone. The opening in the hymen, large enough to admit the index finger, was kept from closing at first by lint dipped in carbolized oil and later, since the lint became foul, by the Molesworth Uterine Dilator. One month after the last operation she was well, there had been no fever, very little pain and no unfavorable symptoms. Dr. Carr recommends operating midway between menstrual periods, and advises to avoid ergot and other drugs unless there are special indications for their use.

ON HOBBIES. — Every medical man should have a hobby, and should ride it vigorously during a reasonable portion of his spare time—merely for recreation, if for no other purpose. The objection, so often expressed, to hobbies arises from the fact that some persons spend all their time in riding them—some even go so far as to keep a whole stable full of them and to parade them during business hours or at other improper times before their acquaintances. A first class hobby—a really fine animal—is a great credit to any physician, especially if he rides it gracefully. What, for instance, can give more enjoyment to the owner or more pleasure to the profession, than a hobby for antiquarian research. We know one or two fellow-physicians who ride this beautifully, and we should be extremely sorry if they should give up their recreation. Some handsome microscopical hobbies are owned by members of the profession here. These were formerly great favorites, but, of late, recreation upon them has given way to their purely practical use, which is much less interesting to outsiders. A few have pathological hobbies, but the number of such is, alas, too small, and they have a way of exercising in private, which is, to say the least, very irritating to those who are not admitted.

We need some really fine performers, who will procure and exhibit to the general herd—so to speak—of practitioners really fine collections of foetal monstrosities, fractured skulls, ovarian tumors, etc. Several worthy men in our ranks ride the anti-alcoholic hobby, which, in its normal condition, is a very useful animal, but by over-exercise and forced feeding is apt to become feeble and unattractive. The old-stamp and autograph hobby is very seldom seen now-a-days, the bicycle hobby has not yet been fully introduced.

In addition to the better care of those now among us some of the hobbies of our fore-fathers would do good, and we might even with profit borrow a few from neighboring communities. Some good riders of library hobbies would be very welcome.

tion the will is not strong but perverse. There are peculiar ideas and air-castles that fly through the brain of sane individuals every day, but they can restrain them. The hysterical patient cannot. Many of these women are highly accomplished, but often times do the most foolish things. A certain flaw, therefore, must be present. As long as hysteria remains a clinical disease, and not anatomical, we are compelled to treat it symptomatically. There are some patients, who are predisposed, often have it developed by some intercurrent disease which sets it up. Again it may manifest itself without cause. These patients are very hard to treat. Our remedies can steady the symptoms but that is all. The bromides, valerian, assafoetida, etc., are all employed, but the remedy with which he has been least dissatisfied is paraldehyde. The moral treatment is the best to employ, but every man has not the power of using it.

*Dr. George J. Preston* said that in the main he agreed with what *Dr. Arnold* had just said. That the will is perverted or weakened in this condition seems most probable. Women are often desirous of refraining from doing certain things, but they have not the power to do so. It seems to be analogous to an atrophied muscle, where a few fibres remain intact and pull it about in an inco-ordinate way. So it is with the will. It is not an evidence of strength but of weakness. It is true that we cannot give the anatomical causes of hysteria, but we can reason with a good deal of certainty in regard to the anatomico-psychical cause and we are getting nearer to it each day. He thinks that suggestion will play an important part in the treatment of the affection.

*Dr. W. Pawson Chunn* reported

A CASE OF UTERINE POLYPUS SIMULATING INVERSION OF THE UTERUS.

Patient was aged 60 years. She lived in the country where he was called to see her in consultation. She had been bleeding for the past fourteen years, and the doctor had made no diagnosis. He examined her and found something pro-

truding into the vagina which bled very freely. He thought that if the mass was a polypus the cervix ought to be about somewhere, and in order to find it he endeavored to introduce a sound, but could not do so. We are told that when we have an inverted uterus to deal with, it can be easily recognized by firmly pressing over the abdominal walls, where a distinct cup-shaped depression can be felt. For the want of this evidence he decided that it was a polypus and as she had been bleeding for such a length of time, he concluded to take it off. The mass was caught with a pair of vulsellum forceps, drawn firmly down and cut off. A good deal of hemorrhage took place. He applied to the surface ferri. sub. sulph. and tamponed the vagina. He was sorry afterwards that he had used the iron in this manner for when the doctor removed the tampon the patient came near bleeding to death from secondary hemorrhage. He had heard from her a few days ago and the report was that she was doing well.

*Dr. B. B. Browne* said that he had seen several such cases as the one reported by *Dr. Chunn*. It is true that usually we can feel the cup-shaped depression in inversion of the uterus, but it is not always safe to rely on it. A polypus attached near the fundus might cause it, by dragging the fundus downward if it protruded through the cervical canal. The best way to make a diagnosis is to pull down the mass, and if we can find the opening of the Fallopian tubes there can be no doubt as to what it is.

*Dr. A. K. Bond* asked *Dr. Chunn* if he had examined his patient by the rectum, after the method of Hegar, before he made his diagnosis?

*Dr. L. McLane Tiffany* said that he was just about to ask the same question. He had seen a case during the past year where a uterus had been hanging out for two years. He did not find the slightest difficulty in making a diagnosis by examining the patient through the rectum. He takes it as the easiest way to come to a conclusion and thinks it is far more reliable than by examining through the abdominal walls.

*Dr. W. P. Chunn* said that he might



have examined his case through the rectum and, perhaps, he ought to have done so, but the physician had neglected to empty the bowel and he did not care to examine through so much fecal matter. He agreed that the diagnosis ought not be made on any one sign, but if we can feel the cup-shaped depression it is sufficient evidence with which to make a diagnosis.

*Dr. George A. Fleming* reported

#### A CASE OF EAR COUGH.

(See Maryland Medical Journal, page 141.)

*Dr. Hiram Woods* said that this was a very interesting case. Ear cough, vomiting, etc., are occasionally seen and the condition is not only caused by the presence of foreign bodies in the ear, but in some instances it can be produced artificially. He had seen a case in which cough could be produced by touching a certain osseous point about the ear with a probe. He then quoted *Dr. Fox* and others in reference to the literature bearing on the subject.

*Dr. N. G. Keirle* reported that the specimen given to him by *Dr. Neale* at the last meeting had been examined and was found to be simply an inflammatory exudation. The tumor from *Dr. Ashby's* case was a fibro-myxoma.

W. J. JONES, M. D.,  
Recording Sec'y.

AN ARMY MEDICAL BOARD will be in session in New York City, N. Y., from May 1st to 31st, 1889, for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board will make application for the necessary invitation to the Secretary of War, before April 1, 1889, stating the place of birth, place and State of permanent residence, and enclosing certificates based on personal knowledge from at least two persons of repute, as to American citizenship, character and moral habits. Testimonials as to professional standing from Professors of the Medical College from which the

applicant graduated, and of service in hospital from the authorities thereof, are also desirable. The candidate must be between 21 and 28 years of age, and a graduate from a *Regular Medical College*, evidence of which, his Diploma, must be submitted to the board.

Further information regarding the examinations and their nature may be obtained by addressing the Surgeon General, U. S. Army, Washington, D. C.

JOHN MOORE,

*Surgeon General, U. S. Army.*

SURGEON GENERAL'S OFFICE,

Washington, D. C., Dec. 1, 1888.

VERY HOT COMPRESSES IN SURGICAL PRACTICE.—Professor I. I. Nasiloff, writing in the *Vratch*, gives an account of several cases of inflammation of the lymphatic glands which he treated with marked success by means of very hot compresses. These compresses consisted of a four-fold piece of linen, rather larger than the surface over the affected glands. It was dipped into water at a temperature nearly or quite equal to 212° F., wrung out, and applied quickly over the glands, its own temperature being then from 140° to 165° F. These applications were made morning and evening, the compress being allowed to remain on covered over with cotton wool for about fifteen minutes. As may be supposed, the applications produced somewhat severe pain, but this did not last long, though sometimes not only redness, but a blister was caused. The treatment was continued for about a fortnight. It was found that it very soon began to promote absorption; this action was always accompanied by a rise of temperature, depending apparently upon the size of the diseased glands, and upon the extent to which absorption was taking place. It was noticed that the earlier the treatment was adopted the more effective it showed itself. Professor Nasiloff believes that hot compresses are a valuable form of treatment, not only in strumous glands, but in rheumatic osteo-mylitis and in fungoid inflammation of the joints.—*Lancet*.

tion, but on examining the fæces he found sand. The boy was accustomed to eat sand in the yard, and when he was removed from this he rapidly grew healthy and strong.

This section of the Academy (Practice of Medicine) is one of the best attended, a fact largely due, no doubt, to the practical and interesting program placed before the members by the energetic chairman, Dr. Page.

Once a year the Academy invites the general public, as well as the profession, to a meeting at which one of its members reads a paper of common interest. On the 15th inst., Dr. D. B. St. John Roosa was the orator, and chose for his subject, "The Unity of the Profession; How to Procure it." In speaking of the unity of the profession he had in mind only that of the State of New York. He said our lack of unity depends, not upon any want of social position, nor upon the estimate of us which the public has voluntarily assumed, but one which our own bickerings and quarrels had forced them to take. For many years we had been detached from the governing power. Formerly, however, this was not the case, and there were no divisions into homeopaths and eclectics. When the legislature gave these sects a charter, it was due to the fact that the county societies refused to recognize certain physicians, not because lacking in the essentials of a medical education, but because they held what were said to be heretic views on theory and practice. Now, however, it would be difficult to establish any standard of orthodoxy, and to say who were heretics in this respect. The remedy consisted in making a common standard for the license to practise medicine, not a common standard for the degree of doctor of medicine. The liberty to practise medicine should no longer be left in the hands of bodies (colleges), however respectable and distinguished they might be, but which were actually only responsible to themselves. This principle had been twice approved by the State Medical Society at successive meetings, and Dr. Loomis, in his inaugural address at the last meeting, advised the passage of a law establishing a State Board of Medical Examiners.

The suggestions as to effecting the unity of the profession made by Dr. Roosa seemed to meet with the hearty approval of the mixed audience present. The laity took advantage of the opportunity offered to inspect the large library of the Academy. One can find on the tables on the third floor nearly all the medical journals now published. The building is too small for the purposes of the Academy, and it is hoped soon to buy grounds and erect a new and spacious hall and library rooms for which there is already a fund of over one hundred thousand dollars. But land in New York city is dear, and three or more times that sum will be necessary unless a debt is contracted.

The section in obstetrics and gynecology is also very active. The papers, according to the custom of the day, are largely gynecological, but at the last meeting, November 22, Dr. Wiener related an interesting case of placenta prævia, and presented the placenta which showed the rent made by the doctor's fingers through which he extracted the living child.

Goffe described his method of disposing of the pedicle in hysterectomy for fibroid. He sewed closely over it the peritoneal and vesical covering of the fibroid, hoping to obtain primary union, but this failing and pus forming, he drained through the cervix uteri. He first dilated the cervix and then introduced a short tube, fenestrated near the inner end, invented by Dr. Peaslee for making applications to the interior of the uterus. To the outer end projection from the cervix he applied a soft rubber drainage tube, leading the fluids to the vulval outlet. His patient made a good recovery. The method of covering the stump, he learned, was not new, Dr. Emmet having used it about two years ago, but his patient died for want of drainage.

Dr. A. P. Dudley described a new operation for restoring the ruptured perineum, and prefaced it by an elaborate argument, giving the anatomy of the perineum, and showing the necessity for restoring the tendinous structure connecting the various muscles generally. The novelty of his operation consisted in



the suture, he denuded the parts much as Martin, of Berlin. The sutures were continuous, of catgut, and directed downward, then upward, two rows, pushing the rectocele back in the direction from which it came, and restoring a strong raphe.

Neither Dr. Dudley nor the members who discussed his paper, had been able to obtain good results from Dr. T. A. Emmet's last mode of operating. They all seemed to agree in the view that it was the muscular and tendinous portion of the perineum which gave support to the parts above, and in operating we must seek to restore these.

The profession of this city, if not of the whole country, feels deeply the loss of Dr. H. B. Sands, who died suddenly in his carriage, of heart failure, November 15th. The highest testimony to one's surgical skill is a demand for his services by his fellow practitioners when members of their own family require a delicate or capital operation. Perhaps no other surgeon in New York city was called upon under such circumstances as often as was Dr. Sands.

### Society Reports.

#### CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD NOV. 16TH, 1888.

The 216th meeting of the Clinical Society of Maryland was called to order by the President, DR. GEO. H. ROHÉ in the Chair.

*Dr. B. Merrill Hopkinson* was elected a member of the Society.

*Dr. Geo. J. Preston* read a paper on

#### THE MENTAL CONDITION IN HYSTERIA.

*Dr. A. K. Bond* said this subject is a very interesting one and it ought not be allowed to pass without some discussion in regard to it. He did not agree with Dr. Preston in reference to the condition of the will. Instead of the will being depressed or weakened, as the doctor claimed, all the cases he had ever seen

showed just the reverse. A woman who will starve herself for months shows extraordinary will power. He once saw a case where a woman feigned poison in order to punish her husband. He was called in to attend her in the emergency and the first thing he tried to do was to administer an emetic. She persistently refused to take it, though she claimed she had taken laudanum. Her family physician soon afterwards arrived and knowing the whims of his patient well, he made her take the emetic, it acted promptly, but no laudanum was to be detected. He had also seen another case where a patient hiccupped persistently for days, notwithstanding the fact that measures were vigorously used to arrest it. It seems, therefore, that there must be a voluntary influence present and the will at this time is very strong. He thinks the judgment is more at fault than the will. Such symptoms are found in animals at times, a balky horse for example. It has been shown that if a horse becomes stubborn and refuses to go and we can succeed in any way in diverting his mind, he immediately moves off as if nothing had happened. What our hysterical patients need is a new idea, and if we can succeed in impressing this mode of treatment we will do great good in our management of their condition.

*Dr. A. B. Arnold* said that he had great hesitation in saying anything on the subject. What is going on in the mind of a hysterical woman is past finding out. There is nothing new anatomically regarding the affection. It is a clinical disease purely and simply, a complexity and multiplicity of symptoms and we call it hysteria. Any experienced physician can recognize it. In its treatment a moral influence must be brought to bear. We must let our patients see that we understand their trouble and act in accordance. That it is a nervous disease tells us very little, for there is hardly any pathological condition it cannot simulate. There must be some trouble about the brain and nervous system which is congenital. Undoubtedly it is hereditary and some irritation, whether motor or physical must cause its development. He believes that in such a condi-

Original Articles.

A CASE OF EAR COUGH.\*

BY GEORGE A FLEMING, M.D.,  
OF BALTIMORE.

Mrs. B. white, aged 34, came to my office on August 27, 1888, complaining of an irritating cough which had been worrying her for over two years. Her history is best given in her own words:

"Doctor.—my life has been made miserable for the past two years by an irritating cough which has troubled me mostly at night and especially in damp weather, although I have never been a whole day without it. Every time I cough, my head feels jarred and there is a constant ringing for some time afterwards. I have tried five different doctors, every one of whom made a different diagnosis, and each one put me through his special line of treatment without any improvement whatever in my cough. I have been told I had Chronic Bronchitis, Chronic Pharyngitis, Dry Pleurisy, Empyema and Consumption. I have been blistered a dozen times and have been punctured twice with aspirating needles besides taking any amount of medicine.

I have no faith in young doctors and have lost almost all I ever had in old ones; but I was told by a friend of mine that although you might not be able to do me any good, you would certainly take an interest in my case and try to find out the real cause of my trouble."

I promised her to do my best and made a very thorough examination.

I found the throat slightly congested, but thought this rather due to the coughing than the cause of it. Her chest showed nothing to account for it as far as I could make out, and I was about to give up the search when I remembered her remarks about the jarring and ringing in the head after coughing. This led me to examine the ears and when I introduced my ear speculum, I was very much surprised to find the external meatus almost filled

with a solid mass of ceruminous deposit.

I tried by repeated syringing to remove the wax but finding it hard and unyielding and the patient growing impatient I ordered Sodium bicarbonat. 3j to Aquæ 3j, and told her to fill the ears with the drops that night and the next morning and return the next afternoon. She did so and reported her cough not quite so troublesome and not nearly so jarring to her head.

The now softened mass was easily removed from the ears and I found on inspection that the tympana were acutely inflamed from the pressure of the impacted mass, and pressed inwards. After inflating her Eustachian tubes and inserting some cotton I requested her to return in three days. She did not turn up for a week when she reported herself as perfectly relieved of her cough, no pain in the ears and her hearing greatly improved, much to her delight.

I saw her on Tuesday, November 13, almost three months from time of treatment; she has had no return of cough and reports herself as perfectly well.—In looking over the literature on this subject I find very few cases of this kind reported; but cases of ear sneezing, ear vomiting, and ear hiccough have been reported. In one case a man was suddenly attacked with violent and incessant sneezing, which nothing could stop. It continued for two days until the man finally fell down exhausted and unconscious. When revived he complained of loud noises and great pain in both ears. They were found to be full of cerumen, with the tympana acutely inflamed and treatment directed to the ears, cured the sneezing.

Some of the phenomena of the ear cough were described more than a hundred years ago, but no attempt to explain the physiology of the matter thoroughly was undertaken until the year 1870, when quite a controversy took place in the English Journals. Ear cough was then asserted by some to be due to an irritation of the auricular branch of the pneumogastric, or Arnold's nerve, which induced a reflex irritation in the fibres of the pneumogastric, or more especially, perhaps, in the superior

\*Read before the Clinical Society of Maryland, November 16th, 1888.



laryngeal, the nerve furnishing sensation to the larynx. Arnold's nerve is generally described as supplying the integument at the back part of the pinna, the auditory meatus being supplied by filaments, from the temporo-auricular branch of the fifth. It was thought, however, that occasionally the auricular nerve sent branches into the meatus and, in such cases, an irritation of it caused the reflex symptoms. Although this may still furnish the best explanation of the symptoms, it is not a perfectly satisfactory one. It does not explain why the cough does not occur when the nerve is irritated in other parts of its distribution, nor does it explain the reflex phenomena of sneezing in which we may suppose the fifth ought to be involved. It involves also, the hypothesis that the auricular nerve always has the particular distribution indicated when the symptoms occur. This question of reflex disturbances, is by no means definitely settled, but is certainly very interesting and I think worthy of further study and investigation.

### Correspondence.

#### MEDICAL NEW YORK.

##### *Editor Maryland Medical Journal:*

Dr. De Bout D'Estrées, of Contrexéville, France, read a paper at the Section in Practice of the Academy of Medicine, November 20th, taking for his subject "Oxaluria, Especially in its Relation to Uric Acid," and formulated what he believed to be our present knowledge on the subject as follows: (1) oxalate of lime is a body that may be present in normal urine to a greater or less extent, owing to the influence of certain foods; (2) uric acid is frequently found connected with oxalate of lime in urinary sediments, gravel, and calculi; (3) oxalic acid owes its existence to incomplete oxidation of uric acid. Oxalic acid urine was common among Americans and uric acid urine among the French. Dr. George B. Fowler having expressed the opinion during the discussion that the benefit

which patients of the oxalic acid diathesis derived at springs was due to the large quantity of water which they there drank. The author could not accept this view, since it was no longer the custom for them to take so much of the waters as some years ago.

Dr. E. L. Keyes had found patients who had oxaluria benefitted by a visit to Contrexéville, and the crystals of oxalic acid were replaced (in a marked manner in one patient he sent there) by uric acid crystals, but he thought it would be absurd to say patients would there be cured; the former conditions might return. They were, however, benefitted.

At the same meeting Dr. W. W. Van Valzah read a paper on "The Treatment of Functional and Catarrhal Diseases of the Stomach and Bowels," in which he emphasized the importance of frequently visiting the patient, examining the stools, and making a thorough study of each case and directing treatment accordingly. As a rule a limited and an almost exclusively animal diet was required for some time, particularly in severe cases, and the best flesh was beef, the steak, increasing the amount as the patient grew better, up to six, eight, ten, or even sixteen ounces a day, but beginning with a small piece. The next best food was milk warm from the cow. Excessive fermentation in the alimentary canal must be checked and the stomach cleansed by regulation of the food. If there were any return of the trouble, the restricted diet must again be taken. The doctor should always leave his patient in a hopeful mood.

Those who participated in the discussion as a rule adopted a less exclusively animal diet than the author, but all laid much stress upon dietetic regulations. Dr. J. C. Peters gave a variety of food during the course of the day, but only one or two articles at a single meal, and the meals were repeated about once in three hours. The Chairman of the Section, Dr. R. C. M. Page, impressed the importance of discovering the cause of the dyspepsia or catarrh in each case by reciting that of a boy who, for two or three years, had been emaciating, and was believed to be going into consump-

A few botanical hobbyists would not be out of order. The cultivation of side-pursuits in addition to his professional work renders the physician more useful and attractive to society, gives him greater individuality, broadens his views, and affords him, when he needs it, that complete change of thoughts and interests, which is, after all, the best recreation for the wearied mind.

### Reviews, Books and Pamphlets.

#### *A Treatise on the Diseases of Women.*

By ALEXANDER J. C. SKENE, M.D., Professor of Gynæcology in the Long Island College Hospital, Brooklyn, N. Y.; formerly Professor of Gynæcology in the New York Post-Graduate Medical School and Hospital, etc. In one extra 8vo volume of 966 pages, with two hundred and fifty-four fine wood engravings, and nine chromo-lithographs, prepared especially for this work. Sold by subscription only. Prices: Extra cloth binding, \$6.00; Sheep, \$7.00. D. Appleton & Co., Publishers, New York. C. H. Lechler, General Agent for Maryland, 1562 N. Carey St., Balto., Md.

The want of a new text-book on the diseases of women by an American author has been felt by the profession for some time, and the above mentioned work by Dr. Skene comes in to fill a gap in gynæcological literature which needed to be closed by just such a treatise as has been presented. The author was eminently qualified by experience and training for the work accomplished by his pen, and he has so well-performed it that he is to be congratulated upon his skill and accuracy as a book-maker. The space at our disposal will not admit of more than a cursory review of the salient points of Dr. Skene's book. A thorough examination of its contents permits us to say that both the plan and presentation of the subject are admirable in arrangement, clear in statement, and practical in instruction. The field of gynæcological work has been covered, each subject receiving a discriminating consideration.

The work bears the impress of its author's large experience, as well as this commendable feature—a safe and judicious estimate of the work of others. Much attention has been given to the details of operative procedures both by way of description and illustration. As a manual of surgical gynæcology, alone, it deserves to rank among the best of its kind. The most recent advances in gynæcology have claimed an extended consideration, and, hence, the student will find a detailed statement of these subjects which, until now, were locked up in monographs and journal articles, and accessible only to the very industrious and enterprising reader. The diseases of the bladder and urethra, the use of electricity, the relation of insanity to gynæcology and similar subjects are examples of an effort, well expended to place modern gynæcology clearly where it belongs in a modern text-book. Whilst the book contains some views we are not wholly prepared to accept, they are so trivial in comparison with the general excellence of the work that we are indisposed to notice them critically. A teacher of Dr. Skene's independence and originality cannot be expected to pass muster without inspection. No one can doubt the honesty and sincerity of his convictions and the most carping critic will applaud the broad and conservative tone which permeates the entire work.

*A System of Gynæcology.*—By AMERICAN AUTHORS. Edited by Matthew D. Mann, A.M., M.D., Professor of Obstetrics and Gynæcology in the Medical Department of the University of Buffalo, N. Y. Vol. ii. Illustrated with four colored plates and three hundred and sixty-one engravings on wood. Lea Brothers & Co., Philadelphia, 1888.

The present volume sustains the credit won by its predecessor which appeared some months ago. The design and scope of this system of gynæcology cannot fail to command the approbation of every earnest student of this subject. Each volume contains a series of monographs upon the more important subjects in



gynæcology in which the subject-matter is treated at length and by admitted authorities upon the topics considered. In many instances these articles approach such completeness of study and lengthy detail as to deserve recognition as a special treatise.

In the volume before us eighteen subjects have been treated by eighteen different authors, all of whom are widely known and many of whom have been specially qualified for their work by previous experience and training. As an example of the plan formed we may refer to the article on Tumors of the Breast, by Dr. Samuel W. Gross, which for its elaborate and painstaking study is entitled to rank among the best papers on this subject by its widely known author. Diseases of the Bladder and Urethra, by Dr. W. H. Baker, is worthy of commendation for its very clear presentation of this subject. The Malignant Diseases of the Uterus, by Dr. W. T. Lusk, is an article of more than ordinary merit. Injuries and Lacerations of the Perineum and Pelvic Floor, by Dr. Howard A. Kelly, is a paper both rich in description and illustration and more exhaustive in detail than any study of this subject by any other American writer.

The papers above cited are selected as illustrations rather than as proof of their superiority over other contributions to the volume, for take the volume as a whole there is much to commend and little to criticise. Each author has shown an admirable fitness for the tasks assigned him and the editor is to be congratulated on his wise sense of discrimination in his selection of his contributors to his work.

*A Practical Treatise on Diseases in Children.* By EUSTACE SMITH, M. D. Third Edition. New York: William Wood & Co. 1886. Ph. 884.

This work has been written with the object of discussing the whole subject of disease in early life from a clinical standpoint. As every form of illness that is capable of being influenced in its manifestations by the early age of the patient has been admitted into its pages, the volume reaches a large size. In the

composition of the work the use of statistics has been generally avoided as the author considers such a method of inquiry untrustworthy, unless dealing with enormous numbers. The introductory chapter, as is usual in such works, deals with the general subject of the investigation of diseases in early life. As this subject is attended with much difficulty, the many valuable points here given will well repay a careful perusal. The great difficulty attending the study of disease, particularly in infants and very young children, is to assign a proper relative importance to symptoms. The author seems to have had a true conception of the importance of this branch of the subject. Thus, before taking up diseases of the nervous system, a chapter is devoted to general considerations concerning the peculiarities of nerve action in early life. Then the importance and significance of such symptoms as squinting, nystagmus, state of the pupils, delirium, tremors, spasms, paralysis, etc., are considered. A true understanding of the pathology of infantile disease must be based upon a knowledge of the physiology of this period of life. We think the best part of the book is devoted to the consideration of general diseases, such as rickets and acute rheumatism. The article on typhoid fever is exceedingly interesting and offers a refreshing contrast to the meagre notice of this disease usually found in books on diseases of children. A very instructive chapter is devoted to the urine, prefacing the diseases of the genito-urinary system. We think for American physicians the pathology and symptomatology of this work will prove more valuable than the therapeutics. In reading various authors it has seemed to us that the English stomach must be more robust than the American organ, in considering the subject of dosage. As a general text-book for the practitioner to make reference, this book will prove very valuable.

*Quitz Compend?* No. 8. A Compend of the Diseases of the Eye, including Refraction and Surgical Operations, by L. WEBSTER FOX, M.D., and GEO.

M. GOULD, M.D., Second Edition, revised and enlarged, with 71 illustrations. Philadelphia: P. Blakiston Son & Co., 1012 Walnut Street. 1888. Pp. 164. Price \$1.00.

This little book has been prepared with much care, is fully illustrated, and deserves a high place among the Quiz Compends. If anything it is rather too complete for the busy practitioner or the overworked student cramming for examination, and yet it is difficult to see what could have been left out.

*The Theory and Practice of the Ophthalmoscope.* A Hand-book for Students. By JOHN HERBERT CLAIBORNE, JR. M.D., Instructor of Ophthalmology in the New York Polyclinic, etc. Detroit: George S. Davis, 1888. Pp. xi-77. [The Physicians' Leisure Library.] Price 25 cents.

In this volume of the Physicians' Leisure Library the author has gathered from various sources much that is needful to the student desirous of becoming familiar with the use of the Ophthalmoscope. The chapter on optics will be found particularly useful to those who have not had proper training preliminary to the study of medicine. To those giving instruction in Ophthalmoscopy the little book will fill a long felt want.

*A Manual of Ophthalmic Practice.* By CHARLES HIGGINS, F.R.C.S.E., Ophthalmic Surgeon to Guy's Hospital, etc. With Illustrations. Philadelphia: P. Blakiston Son & Co., 1888. Pp. 8-314. [Price \$1.75.]

For the student, this manual will be of great assistance. Each subject is clearly and correctly stated and enough physics is given to make the difficult subject of accommodation intelligible. The book is a mirror of the author's fourteen years experience in teaching at Guy's Hospital and is therefore well suited to the needs of students.

*A Text Book of Human Physiology.* By AUSTIN FLINT, M.D., LL.D., Professor of Physiology and Physiological

Anatomy in Bellevue Hospital Medical College, New York, etc. With 316 figures in the text and two plates. Fourth edition, entirely rewritten. New York: D. Appleton & Co. 1888. Baltimore: Cushings & Bailey.

The fourth edition of such a standard and well-known text book as this needs scarcely more than a mention. Much has been rewritten and revised and the whole brought up to the teaching of the present day. Owing to the advance made in microscopical anatomy since the last edition, numerous changes have become necessary in treating of the different organs and tissues. In discussing the thyroid gland, the subject of myxœdema is referred to, is an excellent book of reference, but rather unwieldy for the undergraduate in medicine.

*The Ear and Its Diseases.* being Practical Contributions to the Study of Otology, by SAMUEL SEXTON, M.D., Aural Surgeon to the New York Eye and Ear Infirmary; Fellow of the American Otological Society; Fellow of the New York Academy of Medicine; Member of the Medical Society of the County of New York, and of the Practitioners' Society of New York. Edited by Christopher J. Colles, M.D. Octavo, 473 pages. Numerous Illustrations. Extra muslin, \$4.00. New York; William Wood & Company, 1888.

The ear is an organ which is certainly not as much favored with attention as the uterus. The literature on the ear forms probably the smallest chapter in medical literature, and yet it is a subject which the general practitioner must understand to a certain extent. The present work is by one long familiar with his subject, and is the only work in English on the subject that has been issued for years. The author treats of catarrh of the upper air tract, the dangers of the douche treatment, of sea-bathing, rupture of the drumhead from a medico-legal aspect, concussion from the blast of great guns and explosives, and anomalies of audition in connec-



tion with and simulating insane hallucinations and delusions. The monograph on the classification and education of school children with defective hearing is a very important paper. This work from one of the few physicians who is a specialist in aural diseases alone, is a valuable addition to the scanty literature on diseases of the ear.

*A Manual of General Pathology.*

Designed as an Introduction to the Practice of Medicine. By JOSEPH FRANK PAYNE, M.D., Oxon., F. R. C. P., late Fellow of Magadalen College, Oxford, etc. With 150 Illustrations. Philadelphia: Lea Brothers & Co. 1888. Baltimore: Cushings & Bailey.

Although the subject of pathology in its modern meaning has occupied the attention of the physician more in the last year, there have been few works or even monographs of lasting merit issued in the English language, few works which the beginner in pathology could understand and the adept could consult with interest. This book is an addition to pathology in any language. It is elementary and is also comprehensive and has the merit of being concise. There are many things noticeable in this book to the reader and to which the author calls attention in the preface, viz., pathological histology does not occupy an important place; etiology is discussed more fully than in most works on pathology, and again he treats principally of medical pathology, leaving the surgical side to books already published. The best chapters seem to be those on blood-pressure, on fever and the parasites, including bacteria. It is a pity there are not more illustrations which add so much to a manual for students; but this was evidently to keep the price of the book down within reach of all.

*The Diseases of the Chest*, including the Principal Affections of the Pleuræ, Lungs, Pericardium, Heart and Aorta. By VINCENT D. HARRIS, M.D., Lond., F.R.C.P., etc. With 55 Illustrations. Philadelphia: P. Blakiston Son & Co., 1888. Pp. xi-420. [Price \$2.50.]

This book is written for students, but as a work of reference it is very useful to practitioners. Much space is devoted to the description of the normal chest, but this is no objection. A skeleton of the treatment of each disease is given, but much of it as in the case of consumption, is from an English point of view and not applicable to the climate or pharmacopœia of this country. This book is almost too profuse for a student and too concise and dictionary-like for perusal.

*Medical Diagnosis. A Manual of Clinical Methods*, By T. GRAHAM BROWN, M.D., Fellow of the Royal College of Physicians of Edinburgh, late Senior President of the Royal Medical Society of Edinburgh. Second Edition. Illustrated. New York: E. B. Treat, 771 Broadway. 1888. Pp. 285. [Price \$2.75.]

This seems to be a book in imitation of DaCosta's work on Medical Diagnosis, but is almost too full for a clinical manual. Some of its chapters are very good but some parts are hardly up to date. This may be explained by the fact that the book was written in 1882 in England and has evidently just been reprinted by the publishers. The typography is none too good.

*Elements of Practical Medicine*. By ALFRED H. CARTER, M. D. Lond., Member of the Royal College of Physicians, London, etc. Fifth Edition. London: H. K. Lewis, 1888. Pp. xiv-472.

This is an excellent little book. Each subject is clearly and tersely considered and nothing seems to be omitted. The fifth edition has been thoroughly revised and brought up to the present time. The therapeutic index at the end is especially convenient. It is a book well adapted for students.

*Ptomaines and Leucomaines, or the Putrefactive and Physiological Alkaloids*. By VICTOR C. VAUGHAN, Ph. D., Professor of Hygiene and Physiological Chemistry in the University of

Michigan, and Director of the Hygienic Laboratory; and Frederick G. Novy, M. S., Instructor in Hygiene and Physiological Chemistry in the University of Michigan. Philadelphia: Lea Brothers & Co. 1888. Pp. viii-13 to 316. Price \$1.75.

This is the first attempt to collect in book form from all the literature, yet meagre, of this very important subject. Apart from its scientific interest it is historically instructive to see how the closed doors of pathology are gradually opening to the continued knocking of scientific men. The study of the cadaveric and other poisons is the next step after studying the subject of bacteriology. Unfortunately it is rather too extensive for the general practitioner, but the result so concisely and clearly stated in this valuable book by the authors, should be read by all with interest.

*Hand-Book of Historical and Geographical Phthisiology*; with special reference to the distribution of consumption in the United States. Compiled and arranged by GEORGE A. EVANS, M.D., Member of the Medical Society of the County of Kings, New York; Member of the American Medical Association, etc. 12mo, pp. 295. New York: D. Appleton & Co. 1888.

Although the author so modestly states that this treatise is made up, to a great extent, of the observations of others, still the amount of work necessary to reduce these observations to system should be fully appreciated. This is really the foundation of all treatment of consumption according to our present ideas. First study the climatology, then the etiology and lastly deduce conclusions as to the therapeutics. As a reference book it is unexcelled, giving, as it does, the facts for the knowledge of the best climate for the different forms of phthisis—a thing especially important for physicians living in a city. This work forms a valuable addition to the literature of phthisis.

*Practical Anatomy. A Manual of Dissections.* By CHRISTOPHER HEATH, F. R. C. S., Holme Professor of Clinical

Surgery in University College, London, etc. Seventh Edition. Revised by Rickman J. Godlee, M. S. Lond., F. R. C. S., etc. With 24 Colored Plates and 278 Engravings on Wood. Philadelphia: P. Blakiston, Son & Co., 1888. Pp. xvi-598. [Price \$5.]

This well-known manual has already reached its seventh edition and in many respects well deserves its popularity. Some of the plates are very good but the wood cuts are generally too small and in different parts, such as the brain, they are far too meagre. The size of the book is very convenient and it will doubtless meet with the same success as previous editions.

*Hygiene of the Nursery.* By LOUIS STARR, M.D. With 21 Illustrations. Philadelphia: P. Blakiston, Son & Co., 1888. Cloth, pp. 212, 8vo. Price, \$1.50.

Although written for mothers, this book may be perused with great benefit by physicians also. To be sure, most of the facts stated every observant physician has learned by observation or intuition, but few physicians know how to give clear direction to young mothers, especially in detail. It is just as well that mothers should read this work and in an emergency act, but there is always danger that a mother will not know enough to know that she knows but little and she may trust to her own knowledge too far and dispense with the physician's services until too late. Of course much of the knowledge in this book comes originally from mothers of experience, but it is largely supplemented by the author's large experience and intelligent observation. The chapter on clothing is particularly good.

*Practical Electro-Therapeutics.* By WILLIAM F. HUTCHINSON, M. D., of Providence, R. I. Philadelphia: Records, McMullin & Co., Limited. 1888, Pp. 247.

This is a small and very practical manual, giving clear instructions how to use electricity in disease. The author first



describes the out-fit necessary for the general practitioner, then, after speaking of special and general faradization and the technique of galvanism, he proceeds to the treatment of such disorders as neurasthenia, neuralgia, hysteria, diseases of the bladder, skin, rheumatism, paralysis and electricity in uterine diseases. The book is not elaborate, but covers the ground exceedingly well. The principal charm about it is its simplicity and clearness of style, making it a very attractive and readable book. Very little is said of Apostoli and his treatment of uterine fibroids, but that is decidedly no drawback to the work. As a guide to the use of electricity it may be recommended to any one who wishes to gain facts without wading through padding and quotations. It is neatly printed and bound in convenient form.

*The Life Insurance Examiner.* A Practical Treatise upon Medical Examinations for Life Insurance. By CHARLES F. STILLMAN, M.S., M.D., Medical Examiner for the Mutual Life Insurance Company; Examining Surgeon of the Travelers Insurance Company of Hartford, etc., Svo, pp. 186, 16, viii. New York: The Spectator Company. 1888.

This is an exceedingly practical and useful book and answers many questions which an examiner must know and which the company usually does not tell him. Examinations are not always conducted in such a rigid way as the author lays down, but by using a little tact and appealing to the good sense of the candidate, a thorough report can be made without frightening a candidate away. Companies differ in their rules and the old conservative ones still object to accepting candidates with albuminuria even though no other evidence of genito-urinary trouble can be detected. The examiner of every company should have the book for reference as it is decidedly the clearest manual in existence on the subject.

*Clinical Lectures on Albuminuria.* By THOMAS GRAINGER STEWART, M.D., Edinburgh, Svo, 250 pages. Wm. Wood & Co., New York, 1888.

This book comprises the author's lectures delivered at various times during the past two years, and is a very clear exposition of a very important subject. His theory of normal urinary secretion is decidedly stated, leaving no room for doubt. He also states that "the existence of albuminuria is not of itself a sufficient ground for the rejection of a proposal for life insurance." Albuminuria from every cause is fully discussed and the treatment given. An excellent list of references is appended.

*Atlas of Venereal and Skin Diseases :*

Comprising Original Contributions and Selections from the Works of Dr. M. Kaposi of Vienna; Dr. J. Hutchinson, of London; Dr. I. Neumann, of Vienna; Drs. A. Fournier and A. Hardy; and Drs. Ricord, Cullerier, Besiner and Vidal, of Paris; Dr. P. A. Morrow, of New York; Dr. E. L. Keyes, of New York; Dr. Fessenden N. Otis, of New York; Dr. Nevins Hyde, of Chicago; Dr. Henry G. Piffard, of New York; and others. Edited by Prince A. Morrow, A. M., M. D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology, in the University of the City of New York; Surgeon to Charity Hospital, etc. New York; William Wood & Company, 1888.

Considering the number of skin patients every physician has to treat, such an atlas as this is indispensable. It is issued in very convenient form and is easily portable and the whole when bound will always be a reference work as such books never grow old.

*Clinical Atlas of Venereal and Skin Diseases, including Diagnosis and Treatment.*—By ROBERT W. TAYLOR, A. M., M. D., Surgeon to Charity Hospital, New York, and to Department of Venereal and Skin Diseases New York Hospital, etc. Illustrated with 192 Figures, many of them Life Size, on 58 Beautifully Colored Plates. Also many Large and Carefully Executed Engravings through the Text. Parts I and II. *Venereal Diseases.* To be Completed in Eight Folio Parts. Measuring 14x18 inches. About 400

pages of Text. Price per Part, \$2 50. Two Parts to be Issued Every Two Months. For sale by Subscription Only. Philadelphia. Lea Brothers & Co. 1888.

To one who cannot visit the skin clinics of a large hospital, nothing is of so much use as good plates for study. Indeed for any one with large clinical experience a study of these plates and the accompanying text will show how true to nature the whole has been executed. They are rarely exaggerated and show careful work and long study. Such an atlas every general practitioner should own for reference.

*Diseases of the Skin.* Their Description, Pathology, Diagnosis, and Treatment. By H. RADCLIFFE CROCKER, D. M. Lond., Fellow of the Royal College of Physicians of London, etc. With 76 Illustrations. Philadelphia: P. Blakiston Son & Co., 1888. Pp. xvii-746. [Price \$5.50.]

There are so many works on diseases of the skin that it would seem as if originality could not be very prominent in such books. They are interesting in so far as they are faithful records of carefully made observations of a large number of skin cases. This book is particularly reliable as it deals with diseases of the skin in early life. It seems to cover the ground well and form an excellent text-book.

*Die Bekämpfung der Infektionskrankheiten insbesondere der Kriegssuchen.* An oration delivered by DR. R. KOCH, o. ö Professor, Geh. Med.-Rath. Director des Hygienischen Institutes der Universität Berlin, at the celebration of the Foundation Day of the Institute for the Cultivation of Military Medicine, August 2nd, 1888. Verlag von August Hirschwald, N. W. Unter dem Linden, 68.

This exceedingly interesting brochure is of much practical as well as historic interest and is very suggestive as to the importance of hygiene as an essential part of the education of military and naval surgeons. It shows that success-

ful prevention of typhus, typhoid and dysentery is of much more value to an army than the treatment of the wounds inflicted by the enemy.

*Procentische, Chemische Zusammensetzung der Nahrungsmittel des Menschen Graphisch dargestellt.* von DR. CHR. JURGENSEN, pract. Arzt, Kopenhagen. Berlin 1888. Verlag von AUGUST HIRSCHWALD, N. W. Unter dem Linden, 68. Pp. 16.

This pamphlet sets forth the chemical composition of the different foods and the percentage amounts of albumen, fat carbo-hydrates, &c., are represented in an elaborately prepared table showing at a glance the value of each food from a chemical standpoint. This small pamphlet of 16 pages hardly shows the amount of work the author has done.

*A Treatise on Hysteria and Epilepsy with Some Concluding Observations on Epileptic Insomnia.* By J. LEONARD CORNING, M.A., M.D., of New York. Physicians' Leisure Library Detroit, Michigan. 1888. George S. Davis. Price 25 cents.

This is one of the Physician's Leisure Library and is a convenient little book and very readable, but contains nothing very new on the subject.

*Clinical Lectures on Certain Diseases of the Nervous System.* By J. M. CHARCOT, Member of the Institute and the Academy of Medicine, etc., etc. Translated by E. P. HURD, M.D., Member of the Massachusetts Medical Society, of the Climatological Society, Newburyport, Mass. 1888. Geo. S. Davis, Detroit, Mich. Pp. 176. Price 25 cents.

Charcot's lectures are always read with great interest and this book, one of the Physicians' Leisure Library, is a valuable addition to that edition.

*Wood's Medical and Surgical Monographs.* Published Monthly. \$10 a year, Single copies \$1.00. Vol. I. No. I. January 1889. Contents. The Pedigree of Disease by JONATHAN



HUTCHINSON, F.R.S. Common Diseases of the Skin by ROBERT M. SIMON, M.D. Varieties and Treatment of Bronchitis by DR. FERRAND. New York. Wm. Wood & Co. 1889.

This promises to be a very interesting library of monographs judging from the first number. It will be issued each month at a small cost and each number will contain two or three standard articles. Each volume may be purchased separately or all may be subscribed for. The first volume contains monographs from well-known authors. In the "Common Diseases of the Skin" Dr. Simon gives the treatment very succinctly and this is what the busy practitioner often wants. In Dr. Ferrand's article on Bronchitis, it is a pity for many readers that the prescriptions are written in the metric system. The February number promises good articles.

*The Vest Pocket Anatomist.* (Founded upon "Gray.") By C. HENRI LEONARD, A.M., M.D., Professor of the Medical and Surgical Diseases of Woman and Clinical Gynecology in the Detroit College of Medicine. *Fourteenth revised edition*, containing 193 illustrations, "Dissection Hints" and Visceral Anatomy. Cloth, 12mo., 304 pages; price \$1.00. ILLUSTRATED MEDICAL JOURNAL Co., Publisher, Detroit, Michigan.

The new fourteen edition of this work has been increased in size by the addition of over 100 pages of text and one hundred engravings; the page of the book has also been somewhat enlarged to accommodate better the engraving. The Brain and its Membranes, the Eye, Ear and Throat, in fact the entire Viscera and the Generative Organs of both Sexes, forms the new subject matter in this edition. Besides being a very popular dissecting room companion, it has become also a very popular surgical case companion for the practitioner, since the illustrations show at a glance (being photo-engraved from the English cuts of Gray) the positions of all the important blood-vessels, nerves, muscles and viscera.

*A Manual of Dietetics for Physicians, Mothers and Nurses.* By W. B. PRITCHARD, M.D., New York City. Price, fifty cents. Published by the Dietetic Publishing Company, 115 Fulton Street, New York.

This is a very useful little manual but the poor typography detracts much from its appearance. When it is considered, however, that it but 50 cents and in paper 25 cents, the valuable information it contains makes it a very desirable book to own.

*The Medical News Visiting List for 1889.* Lea Brothers & Co.

This is a very complete book and contains what any physician in the city or country would need. There is, however, a tendency to put too much in these pocket-books and thus make them, when filled with papers &c., too unwieldy for the pocket. The "Clinical Record and Cash Account" are particularly well arranged. The binding is strong enough to endure a years handling and that can be said of few other visiting lists.

*The Physician's Visiting Lists (Lindsay & Blakiston's) for 1889.* Thirty-eighth year of its publication. Philadelphia. P. Blakiston, Son & Co.

This is one of the most popular visiting lists published, and deservedly so. The dose list has been revised and the section on "Transportation of Injured Persons" has been added. It has the advantage of being very compact.

*Bryce's Visiting List.* Price \$1.00. For Sale in Baltimore by Cushing & Bailey.

The special advantages of this visiting list are that it can be commenced at any time and is good for any month or year until entirely used up. It is very light in weight and a convenient size for the pocket.

*Miss Parloa's New Cook Book.* By MARIA PARLOA, Principle of the School of Cooking in Boston, etc. Boston: Estes & Lanriat. 4to. Pp. 58. Paper. Limited Edition. (From Publishers). Price 30 cents.

This is a very valuable little book for the money. The reviewer has thoroughly tested it by having dishes cooked according to its directions and they have all been pronounced excellent by experts.

*Lectures on Ectopic Pregnancy and Pelvic Hematocele.* By LAWSON TAIT, F.R.C.S., Edin. & Eng. LL.D. Birmingham: The "Journal" Printing Works. 1888. Pp. 107.

*The Case of Emperor Frederick III.* Full Official Reports by the German Physicians and Sir Morell Mackenzie. The German Reports translated by HENRY SCHWEIG, M.D. New York. Edgar S. Werner. 1888. Pp. 276.

*The Eye of the Adult Imbecile.* By CHARLES A. OLIVER, M.D., Philadelphia, Pa. [Reprinted from Transactions of American Ophthalmological Society 1887.]

*Disinfection and Disinfectants*, their Application and use in the Prevention and Treatment of Diseases in Public and Private Sanitation, by the Committee on Disinfectants appointed by The American Public Health Association. Concord, N. H. Republican Press Association, 22 North Main St. 1888. Pp. 266.

*Fifteenth Annual Report of the Secretary of the State Board of Health of the State of Michigan.* 1888.

*Second Annual Report of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania.* Harrisburg, 1887.

*Report of the Section on Microscopy, Micro-Chemistry and Spectral Analysis of the Medical and Chirurgical Faculty of the State of Maryland.* On the Microscopical Examination of Urinary Sediment, by WILLIAM B. CANFIELD, A.M., M.D., Baltimore, Md.

*President's Annual Address* before the American Gynecological Society, by ROBERT BATTEY, M. D., of Rome, Ga. [Reported from Transactions of the American Gynecological Society, Vol. xiii., 1888.]

*Is the Average Dentist of To-day a Specialist in Medicine?* Address by B. H. CATCHING, President of the Southern Dental Association before the Joint Meeting of the American and Southern Dental Association, Aug. 28, 1888.

*The Best Equipment for Medical Study*, read at the Annual Meeting of the American Academy of Medicine in Pittsburg, Pa., 12th October, 1886, by FREDERIC HENRY GERRISH, A.M., M.D., Professor of Anatomy in Bowdoin College.

*Hand Book of Pharmacy and Therapeutics (Lilly)*, 248 pages, Third Edition, thoroughly revised. Eli Lilly & Co., Indianapolis, July, 1888.

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*New Series of Metric Test-letters and Words for Determining the Amount and Range of Accommodation.* By C. A. OLIVER, M.D., of Philadelphia. [Reprinted from the "Transactions of the American Ophthalmological Society."]

*The Failure of Dr. J. B. Thomas's Treatment of Urethral Stricture by Electrolysis.* By ROBERT NEWMAN, M.D., of New York. [Reprinted from the "Journal of the American Medical Association."]

*How far can Legislation Aid in Maintaining a Proper Standard of Medical Education?* A paper read before the American Social Science Association, at the Annual Meeting, held at Saratoga, September 5, 1888. By W. A. PURKINGTON, Counsel of the Medical Society of the County of New York. Boston. 1888.

*Address on Rhinology.* The President's Address before the American Rhinological Association. By CARL H. VON KLEIN, A.M., M.D., of Dayton, O.

*Hot Water in the Management of Eye Diseases.* By LEARTUS CONNOR, A.M., M.D.

*Personal Observations on Skin Diseases in the Negro.* By ROBERT B. MORISON, M.D., of Baltimore. [Reprinted from *Medical News*, October 20, 1888.]

*Description of a Case of Coloboma of the Iris, Lens and Choroid; with a Study of the Visual Fields.* By C. A. OLIVER, M.D., Philadelphia. [Reprinted from Transactions of American Ophthalmological Society 1887.]

*Double Ovariectomy during Pregnancy: Subsequent Delivery at Term.* By WILLIAM WARREN POTTER, M.D., of Buffalo, N. Y. [Reprinted from the *American Journal of Obstetrics and Diseases of Women and Children*. October 1888.]

*A Case of Grand Hysteria which tended greatly to become a Typical Case of Hysterical Insanity.* By A. L. HODGSON, M. D., of Baltimore. [Reprint from *Maryland Medical Journal*.]

*Inflation of the Stomach with Hydrogen Gas in the Diagnosis of Wounds and Perforations of this Organ, with the report of a case by N. SENN, M.D.*

*Two Cases of Gunshot Wound of the Abdomen*, illustrating the use of Rectal Insufflation with Hydrogen Gas as a Diagnostic Measure. By N. SENN, M.D., Ph.D., of Milwaukee. [Reprint from *Medical News*.]

*Malaria and the Causation of Periodic Fever*. By HENRY B. BAKER, M.D., of Lansing Michigan. [Reported from the *Journal of the American Medical Association*, Nov. 10, 1888.]

*Cæsarean Section with Oöphorectomy*. Report of a successful case By JOHN G. JAY, M. D., Professor of Anatomy and Operative Surgery in the Woman's Medical College of Baltimore. [Reprint from the *American Journal of the Medical Sciences*, Nov. 1888.] Baltimore. Journal Publishing Co., Print. 1888.

*Below Sea-Level. Nature's Pneumatic Cabinet*. High Altitudes in Southern California. By WALTER LINDLEY, M.D., of Los Angeles. [Reprint.]

*The Radical Cure of Varicocele*, attended with Redundancy of Scrotum, Demonstrated by Time. By MORRIS H. HENRY, M.A., M.D., LL.D., of New York. [Reprinted from the *Journal of the American Medical Association*, November 10, 1888.]

*Babies and Their Troubles*. By CHARLES L. GWYN, M. D., Galveston, Texas. Report from *Transactions of Texas State Medical Association*, 1887.]

*The Yellow Fever Panic*. By J. C. LEHARDY, M.D., Savannah, Ga.

*Recent Advances in State Medicine*. By HENRY B. BAKER, Secretary State Board of Health, Lansing, Michigan. [Reprinted from the *Journal of the American Medical Association*, September 22, 1888.]

*Elongated Nymphæ a Sign of Sterility*. By CHARLES L. GWYN, M.D., Galveston, Texas. [Reprint from *Transactions of Texas State Medical Association*, 1886.]

*Reflex Irritation from Hypertrophy of Labia Minora*. By CHARLES L. GWYN, M.D., Galveston, Texas. [Reprint from *Transactions of Texas State Medical Association*, 1885.]

*Report of the Section on Obstetrics and Gynecology of the Medical and Chirurgical Faculty of the State of Maryland*. By L. E. NEALE, M. D., Demonstrator of Obstetrics, University of Maryland.

*Exophthalmic Goitre*. By AUGUSTUS A. ESHNER, A.M., M.D. [Prize Essay, *Jefferson Medical College*, 1882.]

*Transactions of the American Association of Obstetricians and Gynecologists* at the First Annual Meeting held in Washington, D. C., September 18, 19 and 20, 1888. [Reprinted from *Buffalo Medical and Surgical Journal*.]

*Chronic Rheumatic Laryngitis*. By A. FLETCHER INGALS, A. M., M. D., Chicago. [Reprinted from *Transactions of the 38th Annual Meeting, Illinois State Medical Faculty, held in Rock Island, May 17, 1888*.]

*The Inauguration of President Patton*, Princeton, N. J., June 20, 1888,

Is the use of Foreps Abusive? By THOMAS OPIE, M.D., Professor of Obstetrics and Diseases of Women, College of Physicians and Surgeons, Baltimore, Md. [Reprinted from *Gaillard's Medical Journal* for November.]

*The Forum*. New York. The Forum Publishing Company.

The number for December contains an article written in semi-popular style, by AUSTIN FLINT, on "A Possible Revolution in Medicine" in which is discussed bacteriology and the ptomaines. All articles in this periodical are of the highest literary character.

*Scribner's Magazine*.—Charles Scribner's Sons, New York; F. Warne & Co., London, \$3.00 a year, 25 cents a number. The publishers of *Scribner's Magazine* aim to make it the most popular and enterprising of periodicals, while at the same time preserving its high literary character. 25,000 new readers have been drawn to it during the past six months by the increased excellence of its contents (notably the railway articles), and it closes its second year



with a new impetus and an assured success. The illustrations will show some new effects, and nothing to make *Scribner's Magazine* attractive and interesting will be neglected.

### Medical Items.

Dr. Graf, of Munich, editor of the *Aerztliches Intelligenzblatt*, has recently died.

It has been arranged to issue a new edition of the *United States Pharmacopœia* in 1890.

Dr. A. M. Phelps has been appointed a surgeon to the Charity Hospital, in place of Dr. F. N. Otis, resigned.

Dr. John Ashhurst, Jr., will succeed Dr. Agnew in the Chair of Surgery in the University of Pennsylvania.

William Richard Gowers, M.D., F.R.S., will deliver in London the first Lettsonian lecture, January 7, 1889, on Syphilis and the Nervous System.

Dr. Maurice Norton Miller, a well-known physician in New York city, died on Saturday, December 8th, at his home, in the fiftieth year of his age.

The French Home Minister has presented a sum of 8,000 francs (\$1600) to the Academy of Medicine, for the encouragement of animal vaccination.

The Board of Health of Cleveland, Ohio, is taking energetic steps to put a stop to the use of impure ice in that city, of which there has been much complaint.

An outbreak of scarlet fever in Glasgow has been traced to a dairy; fourteen of the ninety-two families supplied from this dairy were found to be infected.

Jean de Bonnefon has just written in the form of a novel, a semi-political work entitled *Ce que l'on ne peut pas dire à Berlin* which tells the old story of the late Emperor and his illness.

The largest professional fee for limited service is said to have been paid to Surgeon-Major Freyer, of the Indian medical service, for treating the nawab of Rampoor for three months' suffering from rheumatic fever. The nawab gave him a lac of rupees, \$50,000.

A Code of Vaccination Rules has been adopted by the Board of Health of Columbus, Ohio, in regard to the pupils and teachers in public schools. A system of house inspection has been adopted, and is being carried into effect.

The Cæsarean operation was successfully performed last week at Bellevue Hospital by Prof. W. T. Lusk, on an unmarried woman,

twenty-six years old. Mother and child are doing well, and it is thought that they will both live.

A. B. Ward, the author of *Hospital Life*, in a recent issue of *Scribner's*, will contribute to the January number an equally sympathetic picture of *The Invalid's World*, which includes the Doctor, Nurse, and Visitor. It is now known that "A. B. Ward" is the pen-name of a woman.

Another medical novel is in the press, entitled "Queen Anne's Hospital." It is by Dr. Schofield, and is written on teetotal principles and by way of answer to a recent novel which brought sensational charges against hospital surgeons and their method of treating ward patients.

In Los Angeles, Cal., no one is permitted to practise medicine until he has signed a fee bill and takes oath that he will abide by it. This prohibits his charging less than a certain rate, but does not limit him in placing an estimate on his own services. The custom is to collect at the time the service is rendered.

*Die Flamme* the organ of the Berlin Cremation Society gives the following total number of cremations which have taken place in different countries up to August 1, 1888: Italy 998, Gotha 554, America 287, Sweden 39, England 16, France 7, Denmark 1. The number of members of the cremation societies is in Sweden 3,012, Denmark (Copenhagen), 1,326, Holland 1,128, England 612, Italy 580, Hamburg 138, Switzerland (Zurich) 390.

The secretary of the Michigan State Board of Health at its last meeting presented a table and illustrative diagram showing that in those outbreaks of diphtheria in Michigan in 1887, where the recommendations of the State Board of Health as to isolation and disinfection were fully carried out there were only about one-fourth as many cases and deaths as in those outbreaks where these measures were not taken.

Chocolates, confectionery, dried fruits, cheeses, and other alimentary products are very often wrapped in what appears to be, and is described as, tin foil, but is really an alloy, containing a good deal of lead. This dangerous practice is now prohibited in France, and the tin foil destined for this use must, under penalty, be composed of "fine tin," that is, an alloy containing at least 90 per cent. of tin. Here is a subject which may be worth the investigation of public analysts.

In Alabama, a black negro girl about eighteen years old, has given birth to twins at seven months, one of which is as "black as the ace of spades," and the other as white as any white child her medical attendant ever saw. This is as puzzling as the case recently reported, in which a beautiful young woman with a tinge of negro blood so slight as to be imperceptible, married an unsuspecting white gentleman, and in due time presented him with a black baby.

Original Articles.

THE PREVENTION OF YELLOW  
FEVER IN FLORIDA AND  
THE SOUTH.

BY W. C. VAN BIBBER, M.D.,  
OF BALTIMORE.

The presence of yellow-fever in Florida is certainly a serious matter, and the occurrence of an epidemic at such a centre as Jacksonville, with outbreaks at more northern localities is a wide-spread calamity. It is not alone for the loss of life and on account of the great sufferings endured in the infected districts that it is to be dreaded; but so long as the disease does not seem to be perfectly understood by the public, and all the conditions which favor or prevent its extension are not definitely settled, no one can tell what proportions it may not at some time assume. Although I am not an alarmist, yet it seems to me not unreasonable to say, if the same course of management continues to be pursued as existed last summer, it might at some time even become a national calamity. At the present time, and under the present methods, a single case at the beginning of hot weather suffices to throw a whole community into a paroxysm of terror.

This should not be the case, with the existing knowledge; and I have for a long time been impressed with the belief that it would be better to change the manner which has been pursued for more than half a century, of presenting the disease to the public. If such a change should happily be made, it might alter the entire procedures in the matter; and as the results of the methods which have been in use for so long a time have not yet been successful in subduing the disease, it would seem well to try something which might with more certainty have this effect. I would suggest, therefore, to change the points of discussion from the contagion, the transportation and quarantine of yellow-fever, to the yet more practical subject of its entire prevention at home, and its immediate extinction if introduced from

abroad. It is plain, if the disease can be prevented, the other points connected with it are cancelled, and are of no public importance.

It is a physician's duty to consider possibilities as well as probabilities; and, looking at the records of the past, we can say to-day, that it is the belief of those who have studied the subject, and are capable of giving an opinion, that yellow-fever is a preventible disease. If this is correct, it is of the first importance to Florida to act promptly upon such knowledge, provided the citizens of the State will undertake to carry out those measures of prevention which may be deemed most effective. The State of Florida has more than ordinary advantages in carrying out any preventive measures its citizens may wish to adopt, because the entire peninsula is under one legislative government, and there is no very large commercial city within its boundaries.

Before proceeding to describe any definite plans for the prevention of yellow-fever, and for the purpose of leading up to the subject before us, something should first be said concerning the fever itself, and of the methods which have heretofore been used in the public management of the disease, both before it becomes epidemic, as well as during and after its prevalence.

Yellow-fever is a disease so well marked, so deadly, so different from all other diseases, that no one, whether a physician or not, can avoid being attracted by almost anything which may be written about it, and this may be one of the reasons why its literature is so immense. I have before me a catalogue of several hundred volumes treating of it, and the number in the library of the Surgeon General's office at Washington runs up into the thousands. This fact of itself is sufficient to prove that the disease has not been slighted by the medical faculty, or, that its importance has not been recognized; yet a research into this voluminous literature will show that up to this time no definite conclusions have been reached concerning its origin, contagion, infection, transportation and quarantine. These subjects



have been captivating to writers because they involve many abstract points and much varied learning; but the subject of prevention is more practical, and may be dealt with to advantage, since we now have knowledge which brings us nearer to this point than we ever were before.

The methods which have been heretofore used for the public management of the disease are briefly as follows:

When the hot weather sets in, the more prudent and observant citizens, seeing the neglected condition of their town, expect an increase of sickness, and naturally, from experience, think of an outbreak of yellow-fever. They call public attention to this dangerous state of affairs, but as there is generally no sinking fund, or unappropriated surplus that can be drawn upon for thorough measures, nothing effective is done. A few of the most flagrant and offensive nuisances are abated, and the citizens are notified to keep their premises in good order; and that is about all. Those who can afford it send away their families for the summer, and go themselves, if their affairs permit, and while they are gone, the fever appears. Then comes a flight of all who can get away, and those who cannot leave, begin at last to see the danger of the "foci", as they are called, and try to remove them. It is then announced that yellow-fever is epidemic, and the town being quarantined against abroad, the authorities quarantine persons coming from infected places. In this way the town or city becomes isolated and the inhabitants seek assistance. In this country, the Howard Association sends acclimated nurses; physicians volunteer; and business friends from other cities send money. Thus the people, shut up within their own limits, work and clean, and pass the wretched existence of a plague-stricken city or community—praying for cold weather or frost, or for some end to the pestilence by disinfection or limitation. As soon as the end comes they count up losses and search in every direction for the origin of the trouble. Each one has his own theory, and all relate their personal stories of exertions

made during the epidemic. Thus some pride is taken in the success, and the belief spreads, that what was done towards cleaning the town was a necessary experience, and therefore, in the end, rather a blessing to the survivors. In this spirit, business is resumed, the quarantines are abolished—by degrees the past is forgotten, and in the course of time the "foci" are allowed to collect again, and sooner or later the same experience is repeated.

Such methods as these will not be sufficient for the interests of Florida. In former years they have been adopted by New Orleans, Savannah, Charleston and other seaports in our own and other countries where frost does come, and where cleaning, although badly done, does avail for the time being, because their situations as seaports have attractions for commerce which brings back their trade to them without much trouble. But in Florida, during some seasons and in some places, frost comes very late, if at all, and the commerce of that State is not in such articles as to insure its return. For Florida, some other plan is indispensable. The methods mentioned did not suit Memphis, Tennessee, and there, other efforts, directed to prevention, were made, with encouraging success. But those methods, which consist principally of systems of sewerage, are not applicable where the lands are low and flat, as in Florida; and it is to propose a method, or combination of methods, suited to that State, which is the object of this paper.

Before proceeding further, it may be well to show how yellow-fever will *not* be prevented in Florida. The following extract is taken from "Science" October 26th, 1888, p. 197.

#### "YELLOW-FEVER AND BAD SANITATION."

"Surgeon General Hamilton has just published the reports of several of the government inspectors who were detailed to visit the cities and towns of Florida, to ascertain their sanitary condition and whether yellow-fever prevailed in them or not. Among these reports is that of Dr. J. L. Posey upon a visit to

Macclenny, a small town, of about six hundred inhabitants, in Baker County, in which the fever was epidemic. Here is what he says about the sanitary condition of the place:—

"The general appearance of the town, which consists of perhaps a hundred stores and dwellings scattered over a rather large area, indicated a very wretched sanitary condition. The streets along the railroad track, as well as others, were covered with heaps of decaying saw-dust, and garbage of every description spread over them, drains obstructed, and open lots overgrown with weeds and rank vegetation. The floors and platforms of the depot-buildings, passenger and telegraph offices, and their vicinity, were covered with lime, which had recently been thrown broadcast. A further stroll through the town revealed a similar deplorable sanitary state—the steps and front galleries, the porches and premises of residences, lavishly sprinkled with lime, and the yards filled with accumulated garbage. No organized measures have been adopted by the local health authorities to even ameliorate, much less correct, this unsanitary state of their town.

"The site of the town is a low flat, sandy plateau, without sufficient elevation to give effective drainage; the surrounding pine forests being interspersed with a series of marshes and alluvial basins. No attention had been given to the removal of excreta or their proper disinfection. The water-supply is generally obtained from wells at a depth of fifteen or twenty feet, and is of a quality which I consider unwholesome, having experienced personally its disagreeable effects. The atmospheric condition resulting from such foul surroundings was fully prepared to propagate the infectious material, which had been already introduced into the town, and had been gradually developed since the 1st of August.

"I went from house to house, and found the sick and dying huddled together in small rooms, with windows and doors closed, the floors sprinkled with chloride of lime, carbolic acid, and a variety of other disinfectants.

The oppressive odor of disinfectants mingling with the close atmosphere of the sick rooms, laden with the emanations from the excreta and ejecta of the patients, together with the dreadful visages of the dying, was shocking to every sense, and the scene well calculated to appal the stoutest hearts. I have seldom witnessed a more pitiable and melancholy sight than that presented to my view in my house-to-house inspection through this desolate scourge-swept town. As I returned to the hotel in the evening, I met many whose pale, wan features, languid air and step marked them as convalescents from the disease, and others, who, with anxious look, approached me, and in whispered tones asked to know my opinion of the prevailing fever. I told them that they must escape with the rising sun, or, remaining, fall victims to yellow-fever.

"A late report shows that there have been 189 cases out of an actual population remaining of 195, the deaths being 21 whites. Of the above number, 160 were whites and 29 colored. There are now sick 11 white and 8 colored."

Dr. Posey himself contracted the yellow fever at Macclenny but has since recovered.

"Comment upon such a report as this is unnecessary. Yellow-fever is a disease that seeks filth and bad sanitary conditions and, wherever it finds these, and an unacclimated population, it is certain to become epidemic. Its whole history in this country proves this; and especially was this illustrated in the terrible experiences of Galveston about twenty years ago, of Shreveport a few years later, and more recently, at Memphis. Yellow-fever never became epidemic where the sanitary conditions were good, although the germs of the disease have frequently been introduced into them. It is probable that the sanitation of Jacksonville is much better than that of the cities named was at the time the scourge swept over them; and this, it is believed, accounts for the mild form of the fever there, and the low rate of mortality."



The condition of Jacksonville before the breaking out of the present epidemic has not been reported upon in detail by the government medical inspectors, because, since their arrival in the city their time has been fully taken up with measures of relief. But the unsanitary condition of the city, especially along the wharves, is so well known, that it may be taken for granted that it was not a well kept or a clean city.

Under date of August 8th, 1888, Passed Assistant Surgeon John Guitéras, U. S. M. H. S., wrote to the "Weekly Abstracts of Sanitary Reports":

"Two cases of yellow-fever discovered this morning—other two suspicious cases traceable to same store where the others were taken sick. Health authorities are taking active steps in the matter. There is a circumscribed "focus" of infection in one block in the city. Two more cases discovered, traceable to same centre."

"August 9th. Two cases found at the city hospital. Three other cases discovered to-day. Total five new cases. We are beginning to lose connection with the original "focus."

Dr. Neal Mitchell, President of the Board of Health of Jacksonville, under date of August 13th, wrote to the "Weekly Abstract of Sanitary Reports:" Surgeon General John B. Hamilton. "New cases four. August 14th. New cases three." "August 16th. It is too soon to speak of the original origin of the epidemic but it is quite probable that the case of McCormick imported from Plant City, was not the first case at Jacksonville. Rumors of yellow-fever at Jacksonville had been prevalent for several weeks," etc.

These reports are sufficient to show that towns and cities in the condition of Macclenny and Jacksonville are never secure against an epidemic of yellow-fever, and that this disease will *not* be prevented under the present systems of building and quarantine.

Surgeon General John B. Hamilton, U. S. M. H. S. has traced the present epidemic in Florida to its source. It originated from a family of emigrants

from Havana, who came with their household effects into Key West, and there rented apartments from a Mr. Baker. Some of the emigrants and the Bakers died of yellow-fever and from that beginning every step of the disease has been traced. Two fruit smugglers from Key West brought infected blankets into Tampa, and from this the disease is traced directly along from Tampa to Jacksonville. According to Surgeon George H. Sternberg, U. S. A., who investigated the matter, the yellow-fever was brought into Decatur, Alabama, by a man from Jacksonville. It was formerly the habit, and it really seemed to be in the nature of our people, to question such evidence as this, even when given by distinguished experts: but now this is not the case. The manner in which yellow-fever is brought into a place, and the reason why it spreads in that place, are, at present, accepted facts. Florida and New Orleans are both in constant easy communication with Havana and Vera Cruz. At both these places yellow-fever is always present. We have no government control over either of these cities. The introduction of the yellow-fever germ may occur at any time.

Can the disease be prevented, and how? What will be said hereafter in this paper will be to show the truth of one proposition: three answered questions, and one corollary—These are as follows:

Proposition. In a warm climate, continued cleanliness is the best safeguard against yellow-fever.

Question first—Granted an unsanitary condition of a town, as Macclenny or Jacksonville, may yellow-fever originate spontaneously?

Answer. No! The advanced doctrine is "No germ, no yellow-fever;" but inasmuch as the germ has not yet been found, let the chance be divided.

Question second—Granted an unsanitary condition of a town, city or residence, and the importation of yellow-fever germ?

Answer. The result will be yellow-fever.

Question third—Granted a city,

town or locality kept continuously clean, free from all "foci," will yellow-fever become epidemic, importation, or no importation of germ?

Answer. No! A place may be made and kept yellow-fever-proof.

Corollary. An unsanitary condition gives a chance and a half for yellow-fever. A sanitary condition gives none.

I know that it is held by many physicians that a rigid quarantine is the best preventive against yellow-fever. That the disease is spread by germs is true; but that it is impossible to prevent the introduction of germs from abroad by the present modes of quarantine, is fully proved by the past. In the first place, it is necessary to know what places are to be quarantined against. But the germs may be brought from a place where the yellow-fever is not known to exist. To prevent panic, and the loss of trade, the first appearance of the disease is invariably kept secret, in the hope that it may be stamped out before it becomes epidemic, and thus the germs may be scattered far and wide before any warning is given. Then the system of quarantine now in use is so onerous, that all means are tried to evade it, and if but one person passes having the germs of disease, all the labor and annoyance has been in vain.

Not that quarantine should be abandoned; keep out the germs as far as possible, but provide, that if, despite all precautions, they are introduced, they may fall upon clean places where they cannot propagate. Treasure quarantine, but make it pleasant and not hateful.

By what method can continued cleanliness be most easily maintained in a city in a warm climate? In the "Annals of Hygiene" March 1st, 1887, in a paper upon "House and Yard Ventilation" the writer says:

"I am personally quite familiar with this subject from actual observation in many of the cities and towns in the States of Pennsylvania, Maryland, Virginia, New York, the Dominion of Canada, Ohio, Louisiana, Mississippi," and he might have added of Florida also. "I know that the yards attached

to houses are, for the most part from one hundred to one hundred and fifty feet deep, more or less, and are generally surrounded with decaying board fences eight feet high, and these enclosed yards have been, as a rule, the receptacles for all the refuse matters of families for a long time. Thus it will readily be seen that they affect the air of those dwellings which are near to them as well as those to which they are attached."

"From an eminence in the State of Mississippi, I once beheld a beautiful village, which when seen in the early morning, with cluster roses and creepers, covering the roofs of its houses looked like a fairy city of enchantment. Who would have supposed from the distance at which I stood that it was then the abode of a deadly yellow-fever pestilence? Its board-screened yards, undrained, level, and water-soaked, were filled with things offensive and useless, which sheer carelessness had allowed to accumulate. Its cemetery was daily being filled from no other cause than the neglect of its inhabitants." It may be answered therefore, that cities and towns especially in a warmer climate, which are built and kept in a manner similar to what has been described cannot be said to have come up to the standard of continued cleanliness."

In 1881, a paper was read before the American Public Health Association, at their meeting in Savannah, Ga., under the title of "Two Suggestions concerning Healthy Buildings." The first suggestion made "was to build houses upon arches or piers in low flat grounds. Man has the privilege of building under his own control. He must take the earth as he finds it, but one style of building may be more healthy, convenient, and salubrious in one situation than another. Instead of springing the houses out of the ground in low flat situations, it is better to interpose a stratum of air between the house and the ground. If the house be built well up off the ground, and the earth paved beneath it, with no enclosed yards, then continued cleanliness could be easily maintained. The surface ventilation of



the air would be one prominent advantage of this style of building, surface drainage, an easy abatement of certain nuisances, with consequent increased healthfulness and comfort would be the result.

If Macclenny and Jacksonville and Decatur had been built in this way, and had been kept according to the intention of such a style of building, their inhabitants would have been saved the recent epidemic. This plan of building the houses well off the ground, upon arches, columns or piers with clean hard pavements of brick or concrete underneath and around them, I regard with great favor; it would not only be an improvement in itself, but would bring after it many other improvements. The objections which have been raised against it are the expense, the inconveniences and the danger from violent storms. The expense might be a little heavier at first, but if all did it, this increased expense would soon be equally distributed—if the house cost more to build, the workmen would get more for building it, and in this way it would not be considered a burden amongst the poor. As to the inconveniences, if there be any, they are not worth balancing against the gain, and habit would soon make it cease to be felt. The danger from violent storms could be overcome by the supports of chimney stacks sprung from the ground, or by supporting towers or beams, by means of which the houses could be firmly secured, and all danger averted.

It is difficult for some minds to divest themselves of the early bias which they have had from infancy, for building on the ground with cellars, and pits, and sinks. These are not suited to low flat lands in a warm climate; a sufficient standard of cleanliness cannot be maintained in their presence, or where they exist. The question as to how high the building line should be off the ground, is an important one, if ever it comes to be considered as a matter of statute enactment.

I have said that quarantine may be made pleasant, and indeed attractive, and in this I have only echoed the senti-

ment of the distinguished President of the American Public Health Association in his address at the meeting in Memphis, Tenn. Certainly some change in the system of quarantine should now be made, if for no other reason, than to prevent a recurrence of such panics, confusions, sufferings and scenes, as are so graphically detailed in the reports of the Tennessee State Board of Health, Bulletin No. 3. With the Members of the Board of Health of this State and their agents, it was like fighting for life itself, and those engaged in this terrible conflict deserve far more than credit for their invaluable services. In a country like ours, such scenes as happened during the recent epidemic of yellow fever should never recur. When the disease was announced at Jacksonville, consternation spread at once throughout the States of Florida, Georgia and Alabama, and extended into the Carolinas, Mississippi, Louisiana, Arkansas, Texas, Tennessee and Kentucky. Assuredly, a wise people, if proper leaders can be found and obeyed, should do better in the future than to re-enact such scenes. Whilst the recollection of these panics is still fresh in the memory, and for those who wish to change the future plan of quarantine, let us see both what advantages we possess, and in absolute reality, what we have to contend against.

The advantages may be summed up in this way. We live amidst a profusion of knowledge, learning and ingenuity; we have upon our side the resources of science, the dictates of reason, the results of experience, and the active vigilance of a practical, intelligent and energetic people; with these in our favor, what excuse can be given for an onerous quarantine against only three diseases, a complete prevention for each of which is perfectly well known? What excuse can be given for not being victorious in such a contest without frightening the public?

That quarantine may be made attractive, who can doubt. But it cannot be done by the plans which an urgent necessity compelled the Boards of Health in the States mentioned to adopt in their active exertions for the safety of their

people. Their quarantine had to be done mostly in the railroad cars in which passengers were questioned, refused passage to their destinations, turned back, frightened, dejected, and oftentimes driven to subterfuges in order to get to their homes and friends, with their baggage and letters fumigated, and frequently lost. Quarantine cannot be made attractive by these means.

Let us speak of the attractive quarantine of the future. In this, you will see four houses situated at a proper distance from each other in the most accessible point of the State, built and appointed in a manner not only to make them most efficient for the comfort of the sick and afflicted citizens and strangers, but to serve also as schools and models, to teach private citizens how they can preserve amongst themselves continued cleanliness and give no foothold to preventible disease. The humblest man in the Commonwealth cannot then plead ignorance as to how he should and must build his house and manage his domestic affairs, so as to preserve his own health; not injure that of his neighbor, nor impair the reputation of his State. These four buildings should have ample communication with each other and the outside world by telegraph, telephone, and what other appliances the future may have in store. Then no one who is quarantined will feel himself isolated or harshly treated. The visitor from abroad and the denizen can alike receive and send messages from and to all points.

In these establishments, all knowledge of yellow-fever is to be centered; here the disease can not only be treated, but studied under the most favorable circumstances, and from them, all necessary rules for its prevention should emanate. They should be under the control of the Board of Health, who should be well selected and thoroughly competent, and they should see that nothing be wanting to make the establishment as homelike and attractive as the most agreeable resort.

I have said that four houses should be built, although there are but three diseases against which we quarantine in this country, yellow-fever, cholera, and

small-pox, and this is what we have to contend against. For the first two diseases there is the same prevention—continued cleanliness—and as for the last, it is completely controlled by vaccination and re-vaccination. The fourth house should be for the officers of the institution, and for the temporary residence of persons who have been brought to the quarantine by mistake during periods of excitement. But in fact, it is only against the yellow-fever germ that quarantine would be demanded at present. The arrangements for the other two diseases could be managed afterwards. Concerning the yellow-fever germ, we know three very important things; these are, that it does not produce disease in the same individual more than once; it is easily destroyed by cold or frost; it does not spread in a clean place, or amongst a healthy people. To this I think may be added, that in a clean place, and in a pure atmosphere, the germ, if unhappily introduced, may now be easily sterilized by means of known antiseptics.

The advantages of such a quarantine establishment cannot be easily summed up, for the list is long, but most prominent amongst them would be public confidence at home and abroad. Every one would know that matters appertaining to this department of public health were properly organized, and each citizen would understand beforehand exactly what to do under all circumstances, when an epidemic disease was to be dealt with.

Last year, it was estimated that 80,000 strangers visited Florida mainly for the advantages of its climate. If the number is diminished this year it will be in great part owing to the Jacksonville epidemic, and if the State should now lose its prosperity, and fail to fill its office amongst the other States, in being the delightful, safe and convenient winter refuge for the dwellers in more rigorous climates, who may be suffering with pulmonary troubles; it will be on account of permitting the prevalence of an entirely preventible disease. But if proper exertions are now made to correct the evils engendered by carelessness,



which have befallen the State, and to secure exemption from their recurrence. it is quite certain that enough is known, if only the knowledge be properly applied, to establish public confidence in the entire practicability of clearing the peninsula of yellow-fever, and of keeping it perfectly and permanently free from this scourge. The advantages for doing this have been already summed up, but in addition, it may be said to Florida, keep up continued cleanliness in your towns and cities by introducing a different and a better style of building, suited to your climate; erect a commanding and model quarantine and make it attractive, so that it may stand as a monument of your intentions, and a seal to your good faith. Then your sister States will not fear you, nor your neighboring States get into a panic when your name is mentioned.

On account of the geographical situation of Florida, and by virtue of the mission she can fill, it is the interest of all the States in the Union to help her at present, for she fairly belongs to the afflicted of all the States in common for at least four months in the year; and for this reason it is equitable that they should lend a hand to clear this wonderful peninsula from these pests to humanity and make it a beautiful garden, which it is by nature, for themselves, and for the world at large, because, in its situation between the two seas, and virtually in two zones, there is no other land to equal it on the map of the world. It seems a pity that we should have such scenes as have recently been presented in the South-West on account of something which surely can be prevented, which is brought about by less enlightened people in other lands, and which is continued in our own country by carelessness and neglect. I feel that there is truth in these statements and that they will find a response among all intelligent people.

It may be some stimulus to our citizens to know that the people of England and Wales have recently appropriated more than £80,000,000 for sanitary purposes alone, and that they consider themselves well repaid for this, in the

fact, that they have for the time checked the insidious approaches of the cholera-germ. The general government with \$200,000,000 surplus in the Treasury, for the benefit of all the States, might help Florida now, and the two together, that is, the general government and the State itself, should see that no necessary expense is with-held which will give her fair land a healthy record, and free her inhabitants from the reproach as a people, and as a State of the Union, of being behindhand in learning and energy in not availing themselves of what is known in sanitary science, and of failing to apply simple and available preventions to a single microscopic germ, many of the peculiarities of which are perfectly well-known.

As if to help in this good purpose, it may be repeated that with peculiar boundaries, Florida has an advantage of being under one legislative government, so that any preventive measures its citizens may wish to adopt, can be secured with great facility. It is the largest State east of the Mississippi River and might be made, all things considered, the healthiest and most delightful winter residence in the world, if only its people will act energetically and harmoniously. Its statesmen and men of influence should be the leaders in the matter, should explain and convince and take initiatory measures themselves. No political question can be of one-tenth the importance of this matter of the prevention of yellow-fever. Putting aside all other questions and looking at the matter from a purely pecuniary point of view, whatever outlay was incurred would be repaid tenfold. We can hardly realize what would be the future of this State if it was known to be perpetually secured against epidemic disease. Invalids, but especially those liable to pulmonary disease, would take refuge there as soon as the cold weather began in more rigorous climates; capitalists and investors would make it their home, and develop its boundless resources under their own eyes. Population would multiply and wealth increase. The vacant lands would be taken up and the Everglades

drained. Nature has certainly done wonders for this little bit of the tropics, attached like a terraced garden to the United States, and it only remains for man to remove the one obstacle to her progress by wise legislation heartily carried out by her people.

These are my matured views, after much study, upon this most weighty and long debated question. So important do they seem to me, at least, that even at the risk of tautology, I will recapitulate the leading points. We have already seen that the introduction of the yellow-fever germ may occur at any time, and that the quarantine as now enforced is no absolute safe-guard against it. Once introduced there are but two known modes of preventing it from becoming epidemic. These are continued cleanliness and isolation combined. If there are any other modes, let them be told. It is not hard to accomplish and combine these two modes provided a proper importance should be given to the subjects. On the contrary, every one will be better for the machinery by which they must necessarily be brought into action. Towns kept like Macclenny and the city of Jacksonville must then be reformed or disappear, for in them the germ will spread in a warm climate.

1. It has been proposed *in this paper* to abolish the system of board-fenced yards, with pits, and sinks; to pave, with hard clean pavements under the houses, which are to be built well up off the ground, and to keep the towns clean according to the enforced changes which such a style of building will of necessity bring about.

2. To place quarantine prominent, and so alter the way of conducting it as to make it attractive, and at the same time, through it, to keep a constant vigilance as to the introduction of the yellow-fever germ and the isolation of the disease. Let the quarantine establishments be the great teachers, of what is to be done, and how to do it. Not every citizen knows how to adopt measures of continued cleanliness, but the quarantine officers will be ever ready to teach them. Not every citizen can keep up a constant vigilance, but

the quarantine officers can have this done for them. Nothing should be spared to make quarantine worthy of public confidence, and this will surely prevent panics. The differences which this style of building and living, together with the teachings which such a quarantine as that which has been proposed, would make a salutary change in the manner of life throughout the South. This difference amongst the poor would almost amount to that between life and death; certainly it would be the difference to the State between prosperity and ruin; between cleanliness and neglect; between beauty and ugliness in the appearance of the towns and cities, and might also show amongst the white population the difference between clear healthy complexions and the reverse. Individually, I would vote for these health measures if I were a citizen of Florida, or any of the southern states. I would vote for them, with proper modifications for climate, in my own city. Personally, I have experimented with this style of building, by showing an example of it on my own premises nearly twenty years ago, and have enjoyed its comforts ever since. I believe that no man in the United States would this day object to the general government so assisting their garden of Florida, in its present extremity, as to enable its inhabitants to improve the health arrangements of their state, in repelling the diseases incident to low flat lands in a warm climate, and of making this peninsula yellow-fever proof.

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A GOOD SURGEON.—Prince Louis Ferdinand, of Bavaria, who married the Infanta Paz, of Spain, is a very clever surgeon, and in one of the hospitals at Madrid recently operated on a woman suffering from cancer of the breast with complete success. His relative, Duke Charles Theodore, of Bavaria, the brother of the Empress of Austria, is both an oculist and a surgeon, and very skillful. *Medical Register.*



## Correspondence.

THE HOAGLAND LABORATORY  
OF BROOKLYN.

In response to an invitation from the Trustees of the new Hoagland Laboratory a party consisting of Prof. H. Newell Martin of Johns Hopkins University, Major G. M. Sternberg, Surgeon U.S.A. Dr. W. F. A. Kemp and the writer took the mid-day express on last Saturday for Brooklyn, to participate in the opening ceremonies of the new institution. We were joined on the train, by Dr. E. O. Shakspeare of Philadelphia who was returning from Washington, where he had been on business connected with the newly created national commission for the investigation of swine plague.

Arriving in Brooklyn, we proceeded to the Hamilton Club where we were met by the Trustees of the Laboratory, consisting of Dr. C. N. Hoagland the founder, Rev. Dr. C. H. Hall, Judge J. M. VanCott, Prof. C. E. West and Dr. Jos. H. Raymond. The other invited guests present were Prof. W. H. Brewer of Yale College, Dr. A. J. C. Skene, Dr. George S. Kemp, Mr. Thos. Moore of Brooklyn, and Dr. Frank Ferguson of New York.

After a few minutes spent in the magnificent reception room of the Club, Dr. Hoagland led the way to one of the private dining rooms where one of best dinners at which it has ever been my good fortune to "assist" was appreciatively discussed.

The dinner over, we sauntered digestively to the laboratory building, where a large audience of physicians, students and non-professional citizens of both sexes were gathered to hear the address which was to be delivered by Prof. Martin.

The new building faces the imposing front of the Long Island College Hospital, and presents a very pleasing exterior. It is built of brick with base and trimmings of brownstone. The principal lecture room on the first floor seats

175 persons. The rest of this floor is taken up with a large reading room. The histological, pathological and physiological laboratories, together with a working library room and a small lecture room occupy the second floor. The third floor is devoted to the bacteriological department and museum. On the fourth floor facilities for photographing have been provided, and as Dr. Hoagland is himself one of the best amateur photographers in the country and takes great interest in this work, it may be expected that the resources of this art will be availed of to the fullest extent in aiding and developing the other departments of the laboratory.

After short speeches by Dr. Hoagland and several members of the Board of Trustees, Dr. Sternberg introduced Prof. Martin who delivered the inaugural address. Prof. Martin sketched the origin and development of public laboratories for scientific research from the small beginnings of Purkinje's small one-roomed laboratory in Breslau sixty years ago to the complete, convenient and beautiful establishment just opened to the use of students by the munificence of one of Brooklyn's progressive citizens.

The address was not only instructive and entertaining, but at times rose to a high pitch of eloquence. This was especially the case in the closing paragraphs which I cannot forbear quoting. "Is this laboratory," said Prof. Martin, "to be but a mere transient and unimportant element in the intellectual life of your city? Is it to be but a place in which some teachers may live idly as those who dwell in king's palaces? Or is it to be a seat of and the training place of prophets and more than prophets, from whom intellectual fire and enthusiasm shall spread over our nation? These questions it is for you, men and women of Brooklyn to decide. I appeal to you citizens of no mean city—a city known the world over, among other great characteristics, as the City of Churches—and I speak with all sincerity when I urge you to cherish this laboratory as a new church. It is a tem-

ple for the study of the works of God, and to my mind as sacred a place as that in which you may meet to study the Word of God. Cherish it; foster it; keep its ideals high, so that, as year follows year, it shall become more and more a centre from which shall spread not only vast gains in our knowledge of the laws of health and in our power to conquer disease, but examples of singlehearted devotion to all that is true and noble and patriotic."

A notable thing about the new laboratory is that the general director, Dr. George M. Sternberg, the associate director in the bacteriological department, Dr. George T. Kemp, and the orator at the opening ceremonies, Prof. H. Newell Martin, are all from Baltimore.

G. H. R.

### Society Reports.

#### BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD DECEMBER 4, 1888.

DR. H. M. WILSON, the President, in the Chair.

#### TRANSPLANTATION OF THE CORNEA.

*Dr. Julian J. Chisolm* reported the progress made in seeing by the patient into whose opaque cornea he had transplanted a disc of clear cornea from a living rabbit. Six months had now elapsed since the operation. The circular transparent corneal graft, cut out of the rabbit's eye by the trephine, fitted accurately into the hole which the trephine had made for it in the human cornea. It adhered at once and from that time has become a portion of the man's eye. To ensure union with the contiguous portions of the eye it had to receive blood-vessels and become infiltrated with inflammatory deposits. This was expected of it. It could not have remained transparent and lived. Five blood-vessels can now be traced running into it from all directions, and yet the

graft has not become pannitic, as in the human cornea. Through its grayish substance the dark color of iris and pupil behind it can be detected. The patient can now move about without help when before he did not move a step without the aid of a helping hand. He sees large objects 10 feet off, and is improving in vision every month. He now walks unattended about the country roads in the vicinity of his home. His facial expression has undergone a complete change, from one of anxiety and doubt to one of confidence and cheerfulness. The piece of transplanted cornea is in the stage of interstitial keratitis, and is slowly clearing up as does this pathological condition. The patient is watched from month to month and an improvement is always noted on his return. Objects not seen at a previous visit can be detected. The slow improvement is quite as rapid as is found in some cases of interstitial keratitis in which months and even years are required to give useful sight to blind people; and that in children in which the recuperative processes are much more active than in adults. It may take 12 months yet before all the benefits of the operation can be secured. In the mean time he has already acquired an amount of useful sight quite enviable when compared to his blindness before the transplanting. He is quite satisfied with the improvement in vision as it is, even should he obtain no more sight and yet there is every evidence of steady, even if it be slow progress toward better seeing. The amount of comfort which this patient already derives, makes the operation of transplanting a piece of clear animal cornea into the opaque member of the human eye a legitimate surgical operation, full of promises to thousands of active young persons who up to the present time have been considered permanently blind beyond the resources of surgical skill. So precious is the blessing of seeing, that when it has been lost any means toward restoration, even in part, of this doubly valued sense is worth the trying. Skin grafting with a piece of cornea, in suitable selected cases promises the much longed for relief.



*Dr. W. C. Van Bibber* then read his paper on

PREVENTION OF YELLOW-FEVER IN FLORIDA  
AND THE SOUTH. (SEE PAGE 161).

*Dr. George M. Sternberg, U. S. A.* spoke as follows:

*"Mr. President and Gentlemen:*

I quite agree with the author of the interesting paper which we have heard, that yellow fever is a preventible disease, that this may be accomplished by excluding the exotic germ, by disinfection, and by local sanitary improvement at the points subject to invasion.

Twenty-five or thirty years ago many of the physicians in our principal southern seaports maintained that the disease was endemic. But recent experience has proved that this was a mistake and at the present day there are very few who remain unconvinced as to its exotic origin. Although I think it possible that towns might be made yellow fever proof by local sanitary measures I think it doubtful whether we have at the present day any sea-port cities which are in such an ideal sanitary condition that it would be safe to remove all quarantine restrictions.

I do not believe that Gen. Butler kept yellow fever from New Orleans during the war by cleaning up the city. I went to New Orleans in 1862, and know the condition of the city at that time—that it was in such a sanitary condition as to be yellow-fever proof I cannot admit. The true cause of its exemption during the military occupation of the city was the limited commerce with infected ports and the rigid quarantine restrictions.

The origin of epidemics is often hard to trace. It sometimes occurs that the first cases are of local origin, in individuals who have not been away from their homes. This was the case in Decatur. The first case was that of a fruit dealer named Spencer. Seventeen days before Spencer was taken sick a man from Jacksonville, spent some time with him and the most plausible theory of the origin and the epidemic is that he introduced the deadly germ, either in his

baggage, or his excreta, and that finding a favorable soil it multiplied, and an infected centre was established in the vicinity of the house in which Spencer lived.

It nearly always happens in a place where yellow-fever has not previously prevailed that the local physicians call the disease by some other name—usually malarial fever—and it is not until a series of cases has occurred that the true nature of the disease is recognized.

History repeated itself in this particular at Decatur, even when Dr. Jerome Cochran, State Health Officer of Alabama, pronounced Spencer's case to be yellow-fever, a majority of the local physicians remained unconvinced. I may remark that nine out of ten of the local physicians contracted the disease and that five of the nine died. At Decatur a considerable portion of the town was not invaded and for some time the infected area was strictly limited to two or three squares in the vicinity where the first cases occurred. The local sanitary condition was bad, and many of the residents of the town ascribed the outbreak to recent excavations which had been made in the streets of the infected district. It was generally agreed that a very offensive odor was given off from the soil where these excavations were made. Instead of privy vaults, it is the custom in Decatur to deposit excreta in boxes placed upon the surface of the ground or in shallow pits. Parkes in his work upon "Hygiene" insists that yellow-fever is a fecal disease and I am beginning to think that he was right."

*Dr. J. J. Chisolm* said that in former times he lived in the yellow-fever country. Charleston, S. C., prior to 1860 was invaded by yellow-fever every two or three years. A certain duration is necessary. It is not often found in children or negroes. It was called there the stranger's fever, because they almost always caught it. The disappearance of a native from the city disturbed his immunity. He went to Paris and came back and had yellow-fever. He thought you could nearly always trace the disease to importation. Charleston is like New York in situation. There is a strip of

land and a river on each side. There is much lumber on the east and west sides. From these points the fever generally started and would slowly creep up with no jumps. It never got into the country. It occurred on an island near Charleston and in the city there was no infection. He believed that individual contamination never gave rise to the disease. There has been no epidemic there for a number of years, but there has been rigid quarantine and the sanitary conditions are just the same.

*Dr. James Carey Thomas* asked if no plan of treatment but the expectant plan had been used.

*Dr. Sternberg* said he had suggested a plan on theoretical grounds when he was in Havana. As a result of his views, knowing that the secretions were highly acid and knowing that almost all sorts of treatment had been tried, such as acid treatment, tincture of iron, sulphuric acid lemonade, etc., he decided to use an alkaline and antiseptic treatment, and he therefore ventured to suggest the following:

R.  
Sodii. bi-carb. grammes x (gr 150)  
Hydrarg. bichloridi; centigrammes, 11 ( $\frac{1}{10}$  gr.).  
Aquæ Puræ, litre 1 (1 quart.). M.  
Sig.—50 grammes (about  $1\frac{1}{2}$  oz.) every hour; to be given *ice cold*.

This treatment was adopted by Dr. Raphael Weiss, house physician at the Garcini Hospital who reports that he has treated 13 cases without a death. When I left Decatur all of the physicians were using this treatment and their results had been very satisfactory.

*Dr. James Carey Thomas* said that Dr. Jones of New Orleans gave the sulpho-carbolate of soda and he asked Dr. Sternberg if he knew of this treatment.

*Dr. Sternberg* said he did not.

*Dr. Chisolm* said that in 1856 he wrote up the history of the Charleston epidemic and looked up the history of the mortality and found that it ran usually about 40 per cent. At first there is a tendency to call nothing

yellow-fever and at the end everything was called yellow-fever, thus making the mortality less at the end. He had noticed with interest not only the violence but also the activity and promptness with which a stranger just arriving took the disease, and gave an example. He said the old treatment was to give mild cathartics and orange juice.

*Dr. Sternberg* said the patients looked forward to his treatment because it was cold. They have no gastric distress and would ordinarily secrete urine more freely and with less albumen.

*Dr. John R. Uhler* asked if liquor sod. chlorin. had been tried. During the epidemic in Memphis, he wrote and suggested that treatment. The idea was to break up the urea and prevent uræmic symptoms and also to act as Dr. Sternberg suggested. He would use it internally and by the rectum.

*Dr. A. K. Bond* asked if there was any intensity of the poison as the disease went on.

*Dr. Sternberg* said that in yellow-fever epidemics there is sometimes at the outset a mild form and the early cases do not end fatally and are not noticed. It would be difficult to answer this question in an absolute manner, but it is quite possible because the season is advancing.

*Dr. Uhler* asked if Dr. Sternberg had examined the secretion of the nose and Schneiderian membrane for bacteria.

*Dr. Sternberg* replied that he had made no special examination in this direction.

*Dr. Chisolm* said he could not recall the fact of any one coming in after a frost and catching it. Persons residing in the city during the summer could catch it after a frost.

*Dr. Sternberg* said the question of incubation was a very important one. His own observations and experience have led him to believe that the period of incubation was rarely over five days.

*Dr. Van Bibber* said the government officer at Camp Perry had fixed the period of incubation at five days.

WILLIAM B. CANFIELD, M.D.,  
Reporting Secretary.



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BALTIMORE, DECEMBER 29, 1888.

**Editorial.****YELLOW-FEVER AND ITS PREVENTION.**

Since steam has brought the different parts of this extensive country into such close connection, events in one part awaken interest and concern in another. Whenever yellow-fever makes its periodic outbreaks in the Southern and South-Western States, other parts of the country are affected by it and this has happened so often that some are beginning to thing that active measures should be taken to drive the fever out and prevent its return. The means heretofore employed have done little good for they come too late. A filthy city invites a disease and it comes and having convinced the citizens that it has come to stay and increase the mortality, an attempt at cleaning the town, stamping out the disease and carrying out the farce of land quarantine is made and kept up until the frost arrests the disease. Then a little spasmodic cleaning is done and thus all is forgotten until history repeats itself.

This past year it does seem as if attempts at suppression of the disease had been made a little more scientifically although a little late. It is again like shutting the stable after the horse has escaped. Land quarantine is enforced

in a very improper manner by the government and yet a government officer and medical man sent down to investigate this disease proclaims that he has no faith in land quarantine and relates his experience of evading the quarantine when he left Decatur. There does not seem to be much harmony in that direction.

At a recent meeting of the Baltimore Academy of Medicine, this whole subject was very thoroughly discussed in a very able paper by Dr. W. C. VanBibber and in the remarks of Surgeon George M. Sternberg, U.S.A., Dr. J. J. Chisolm and others. Dr. VanBibber spoke of the loss of life and money and depression of business that an epidemic of yellow-fever caused; he quoted Dr. J. L. Posey's account of the condition of some parts of the infected district and after showing how the epidemic in this past year started he showed that a town in an unsanitary condition was very apt to be infected if exposed while a sanitary town was comparatively safe. He showed the worthlessness of land quarantine as now practised. He suggested an improved style of building with large cellars, and air spaces under the houses, good drainage and above all cleanliness. If the fever appears then let cleanliness and isolation be rigidly enforced. In spite of the careful study of Dr. Sternberg, the work (whether scientific or not) of some over-zealous Frenchmen and the late reports from Dr. Reeves, it is doubtful if the specific germ of yellow-fever has been found. If these infected towns and districts are well cleaned and reconstructed on modern sanitary principles, this outlay will more than repay by the absence of yellow-fever in the future as Dr. Van Bibber suggests and the isolated cases of the fever coming from points further south will not cause a panic to towns well protected.

**ASPHYXIATION BY ILLUMINATING GAS.**

It is now such a long time since illuminating gas has been in such general use that it seems a wonder that persons do

exist who do not understand the common procedure of turning it off and on. And yet it is no uncommon occurrence to notice every week or oftener accounts in the paper of individuals found comatose or dead in bed while the room was filled with gas. Unfortunately so many cases end fatally that we can merely conjecture as to the cause of this. Physicians have long tried remedies to resuscitate such individuals, but as was shown at the last meeting of the Baltimore Academy of Medicine, if the victim has been long under the influence, all means fail. The treatment is directed towards renewing the blood and getting rid of the killed red blood corpuscles whose hæmoglobin is saturated with poison. The most effective means offered are inhalation of oxygen and transfusion, neither of which can easily be employed in an emergency. Here prevention is better than cure. If some means could be suggested by which it would be impossible to blow out the gas, or by which escaping gas would signal an alarm, the patentee of such a contrivance would reap a large harvest. Such contrivances have been practically tested in mines where loss of life generally occurs in such a wholesale manner. The electrical and chemical expert might combine and invent an annunciator to be connected with every gas jet in a bed room to some central room (if in a hotel, the office), and as soon as gas escapes in any quantity, a bell would sound and alarm the house.

Some cases may occur through ignorance for "Uncle Hayseed" is accused of a great deal of ignorance in city ways, but most cases result probably from the intoxication of the individual who, in his drunken state, either blows the gas out or turns the gas cock entirely around, thus turning the gas on again. It will be years before electricity is used in all houses, and until then the ignorant and the drunkard will continue to die of gas asphyxiation. Surely an officer under the inspector of plumbers could have the oversight of all houses in which gas is used in public bed rooms and consider

some means to prevent accidents which medical skill so rarely can avert.

At a recent meeting of the American Gas Light Association of Toronto, the following rules were given to be followed when men are overcome by gas.

1. Take the man at once into fresh air. *Don't* crowd around him.
2. Keep him on his back. *Don't* raise his head, nor turn him on his side.
3. Loosen his clothing at his neck and waist.
4. Give a little brandy and water—not more than four tablespoonfuls of brandy in all. Give the ammonia mixture (one part aromatic ammonia to sixteen parts water) in small quantities, at short intervals—a teaspoonful every two or three minutes.
5. Slap the face and chest with the wet end of a towel.
6. Apply warmth and friction if the body and limbs are cold.
7. If the breathing is feeble or irregular, artificial respiration should be used and kept up until there is no doubt that it can no longer be of use.
8. Administer oxygen.

### Miscellany.

A SECOND SERIES OF ONE THOUSAND LAPAROTOMIES. — In an article contributed by Mr. Lawson Tait to the last number of *Le Bulletin Médical* he gives the result of his second series of one thousand laparotomies. The schedule of diseases for which abdominal section was performed, comprises twenty-seven different species, ranging from simple ovariectomy to nephrectomy, and from hepatotomy to enterotomy. The rate of mortality was 5.3 per cent. as compared with 9.2 per cent., the proportion in the first series. The author insists that a large proportion of non-completed operations should be looked upon as more damaging to a surgeon's reputation than a high death-rate. He urges that the proper moment to remove an ovarian tumor is the moment of its detection, without waiting, as taught by Sir Spencer Wells, for serious symptoms



to develop, and he quotes several cases of erroneous diagnosis by Mr. Skene Keith and others, showing now necessary is the exploratory incision. Alluding to his experience of the Cæsarean operation, he mentions that his four cases all died, while four others on whom he performed Porro's operation all survived. He takes advantage of the opportunity to castigate the followers of Apostoli, but his arguments are too well known to merit repetition. He observes that the method is most popular with those who have been least successful in abdominal surgery, but the converse, that accomplished laparotomists hate the new method, as likely to interfere with their pet operations, is equally true, and is continually being brought to the front. —*Med. Press.*

**READING IN BED.**—Some credit is doubtless due to those who, in despair of a cure for sleeplessness, have sought to palliate the mischief done to health by reading in bed in order to procure sleep. Their position is at best that of mere necessitarians. The advice they offer may, however, have some value for those who from some cause are physically unable to fall asleep within a reasonable time, and who will insist on reading till they do. It includes various measures intended to prevent or diminish the ocular strain thus incurred. Bathing the eyes with weak salt solution, the adoption of a sitting posture, and the use of sufficiently bright light are among the means advised. They ought certainly to check the bad effects of an unhealthy practice. We should have more sympathy, however, with any attempt to deal with the true source of mischief—the habit itself. This is in a large majority of cases unjustified by any real necessity. Whatever the cause of sleeplessness, whether an idle preceding day, a midday or evening naps an empty stomach or an over-full one, fatigue or worry, the truest wisdom, consists in removing this by the needful change of custom. All rules of treatment such as those above stated maintain the reading habit while they moderate its consequences. This is our

one objection to them. If sleep requires to be wooed, it should be remembered that there are available, besides the treatment of causal conditions, various direct methods of diverting the mind from the outer world, and thus of inducing sleep. The use of one or the other of these is from their nature more rational than the practice of reading in bed.—*Lancet.*

**ALCOHOLISM.**—Dr. Lewis D. Mason discusses, in the *Quarterly Journal of Inebriety*, the etiology of dipsomania and heredity of alcoholic inebriety. He has collated a large amount of testimony bearing on this subject; and from this, and from his own experience, which has been very large, he draws the following conclusions: first alcoholism in parents produces a degenerated nervous system in their children, and subjects them to all forms of neuroses,—epilepsy, chorea, paralysis, mental degeneracy, from slight enfeeblement to complete idiocy and insanity; second, alcoholism in parents produces a form of inebriety in their children known as dipsomania, which in the large majority of cases is inherited in the same manner that other diseases are inherited, and we can with propriety and correctness use the term 'alcoholic or inebriate diathesis' in the same sense that we use the term 'tubercular diathesis,' or other terms indicating special tendencies to other inheritable diseases. —*Science.*

**SINGULAR APPLICATION.**—An application which disclosed circumstances of an unusual character was made to the Vice-Chancellor of the Palatine Court of Chancery, sitting at Manchester, on Thursday. Mr. Hopkinson applied for the payment of £200 out of a sum of £5000 in 3½ per cent. India stock for the purpose of performing medical operations on three children, the next-of-kin of Mrs. Marion King, deceased, late of 25 Alexandria-road, Liverpool. Mr. Hopkinson explained that the three children, named respectively Florence Edith, Mary Lawless, Frances Dalton Lawless, and Monica Eva Maria Lawless, were

afflicted with deafness, caused by internal nasal excrescences. It was intended to remove the growths, and the services of an eminent physician (Sir William Dalby) would be retained. It was estimated that the operations and the subsequent nursing and attendance would involve an outlay of £200, and he applied to the court for a grant of that amount.—The Vice-Chancellor said he thought that £300 should be allowed, but the whole of that amount need not be expended unless it was necessary.—Mr. Hopkinson said that would allow £100 to each child. He was assured the operation was not a very dangerous one, and it was necessary that the children should be attended to while they were young. The eldest child was only eleven years of age.—The Vice-Chancellor made the order as prayed, and gave leave for an additional £100 to be withdrawn from the estate if the circumstances necessitated the outlay,—*Liverpool Weekly Mercury*.

**OPERATION FOR EXCISION OF EYE-BALL.**—Dr. Coppez, of St. John's Hospital, Brussels, publishes in the current number of *La Clinique* the details of a method of enucleation which he considers to be easier and simpler than the methods of Bonnet and of Tillaux now in use. The patient having been anæsthetised and the eyelids separated by a speculum, a thread is passed transversely through the cornea by means of a curved needle; the ends of the thread are knotted and the loop held in the left hand. By traction on this loop the eye is drawn slightly forward, and with a curved scissors the conjunctiva is divided close to the corneal edge. The subconjunctival tissue is then torn through, and the tendons of the recti muscles come into view and are divided, next the tendons of the oblique muscles, and finally the optic nerve. Dr. Coppez claims for his operation that it may be practised with fewer instruments—a curved needle, scissors, and a speculum; that the optic nerve may be divided more directly and at a greater depth in the orbit, which in

the case of malignant tumours is of great importance; and that the consequent hæmorrhage is less considerable than in the ordinary operation. The only objection to it, he thinks, is that the globe might be rendered flaccid by the escape of the aqueous humor through the needle-holes; but that is of little importance.—*Lancet*.

**SULPHONAL**—Sulphonal still continues to attract considerable attention, and its use is becoming very general. Dr. Julius Schwalbe, in the *Centralblatt für die Gesammte Therapie* for October, 1888, refers to fifty cases of the most varied affections in which sulphonal was employed. In sixty-six per cent. of these sleep was produced within three hours. In the nervous cases this action was even more pronounced,—in ninety per cent. of them the indications being successfully fulfilled. Dr. Schwalbe consequently recommends sulphonal as a good hypnotic, especially in cases of nervous insomnia, in doses of from 15 to 30 grains. Where insomnia is the result of some direct organic distress, its action is more or less uncertain. He has found that on account of its freedom from odor and taste sulphonal is readily taken, and that it does not effect either the temperature, pulse, or respiration, and is consequently greatly to be preferred to morphine or chloral. In febrile affections, and in all cases where there is heart weakness, it is to be guarded against. It is especially suited for children, and the insignificant disturbances which it occasionally produces are not of sufficient importance to be counter-indications for its employment. M. Matthes has also employed sulphonal in twenty-seven cases in Professor von Ziemssen's Clinic, Munich (*Centralblatt für Klinische Medizin*, October 6, 1888), his report being accompanied by an analysis of the pulse-curves obtained through the use of the sphygmograph. He likewise confirms the favorable position which the drug has obtained, and believes that it is to be preferred to all other hypnotics, recommending, however, that the drug should be given at least an hour before it is desired that



sleep shall be produced. He also thinks that when neuralgia or cough is the occasion of insomnia, that its result is unreliable, although he refers to several cases of neuralgia in which its employment produced relief. No effect was produced upon the pulse-curve, even after the administration of sixty to seventy-five grains.—*Therapeutic Gazette for December.*

RE-AGENT FOR TESTING FOR SUGAR IN THE URINE.—Professor Almen, of Upsal, in the *Journal de Medicine de Paris*, has proposed the following test which does not change, and which gives better results than Trommer's:

Caustic Soda	- - -	8 parts
Water	- - -	100 "
Tartrate of Sodium	-	4 "
Sublimate of Bismuth	-	2 "

Test the urine first for albumen, by means of heat and nitric acid; filter, then employ one part of the above solution to ten parts of urine. This will detect .05 per cent. of sugar.—*Medical Register.*

INCOMPATIBLE ANTISEPTICS.—The *Journal de Médecine de Paris* points out the incompatibility of the following commonly prescribed substances:

- Corrosive sublimate and iodine.
- Corrosive sublimate and soap.
- Phenic acid and iodine.
- Phenic acid and permanganate of potassium.
- Iodine and soap.
- Salicylic acid and soap.
- Salicylic acid and permanganate of potassium.
- Oil, soap, or glycerin, and permanganate of potassium.—*Med. News.*

TREATMENT OF PHTHISIS.—Drs. Austin Flint and Rutson Maury (*New York Medical Journal*, December 8, 1888) have been using with favorable results in pulmonary phthisis, Dr. Beverly Robinson's inhaler into which ten to fifteen drops of a mixture of equal parts of creasote, alcohol and spirit of chloroform are poured. The inhaler is worn for about 15 minutes, three or four times

a day and the time gradually increased. Creasote in three to four drop doses is also given internally. The result in a few cases tried, seem very encouraging.

STROPHANTHINE.—M. G. Sée finds that strophanthine is a valuable remedy in cases of mitral disease, especially in stenosis, but that it is unsuitable in aortic disease. Under its use the pulse gains in force and improves in rhythm. It is the same in cases of cardiac dilatation and arterial-sclerosis, but in angina pectoris the drug is contra-indicated. M. Dujardin-Beaumetz recommended that strophanthus should be prescribed rather than strophanthine, of which no fewer than five varieties occur in commerce.—*Paris Cor. of Lancet.*

THE NUMBER OF STUDENTS.—England had in 1881 5,500 students in her universities, out of a population of 26,000,000, and Germany, with a population of 45,250,000. had 24,000 students. In that same year, with a population of 60,000,000, the United States had 66,437 students in colleges, 4,921 in theological seminaries, 3,079 in law schools, and 15,151 in medical schools; total, 89,588.—*Medical Register.*

THE COMMA BACILLUS.—Drs. A. E. Salazar and C. Newman of Valparaiso have published an interesting *brochure* upon the Cholera Bacillus ("Notas sobre el Espirillo del Colera"), containing a succinct description of the methods of cultivation and preparation of specimens. The essay is illustrated by seven plates, very successful examples of microphotography, showing the microscopical characters of the bacillus.—*Lancet.*

CONSTIPATION WITH HÆMORRHOIDS.—

R<sub>x</sub>.—Glycerin, . . . 60 parts.  
 Soap, . . . 10 "  
 Ext. rhei fluidi, . . 40 "  
 Essence of chamomile 10 drops.—M.

Use as an enema three times daily.—*Revue de Thérapeutique*, October, 1888.—*Medical News.*

*Correction.*—In the letter from Dr W Frank Hines on the treatment of dysentery for “five doses of Sal. Epsom,” read large doses of Sal. Epsom, for „solution of Metallic Silver,” read “solution of Nitrate of Silver,” and for „I have used salve in dysentery,” read “I have used salo in dysentery.”

*Imperforate Hymen.*—In our last editorial on this subject in the last issue we failed to give Dr. G. Lane Taneyhill due credit for a very rare case of Imperforate Hymen or Vulvar Atresia on which he operated with success in 1869 and a full account of which was given before the Gynæcological and Obstetrical Society of Baltimore on May 8, 1888 and later published in the *Maryland Medical Journal*, June 9, 1888.

**PASTES IN DERMATOLOGY.**—Since Lassar introduced into dermatological practice the use of salicylic paste, the utility of pastes in irritable conditions of the skin has been abundantly proved. Dr. Gruendler of Hamburg, has recently made some interesting experiments in Dr. Unna's laboratory on the relative capacity for the absorption of water inherent in various powders, which might be used in the preparation of these pastes. He found that carbonate of magnesia had remarkable qualities in absorbing water, and therefore ought to be an excellent ingredient for the formation of a paste. Unfortunately, however, pastes made of a mixture of fat and carbonate of magnesia do not possess the proper consistence. When, therefore, this highly absorbent quality of carbonate of magnesia is desired, it is advisable to combine it with the other powders commonly used. For example, fifty parts of oxide of zinc or starch may be mixed with ten parts of carbonate of magnesia, and the whole rubbed up with fifty parts of fat to form a paste, or as a simple absorbent powder it may be very conveniently used mixed with oxide of zinc.—*Brit. Medical Journal*.

**HOUSE SWEEPINGS AND CONSUMPTION.** Cornet has experimented with the dust obtained from the walls and floors of

various dwellings in which tuberculous patients had been; innoculating guinea pigs with it, and carefully excluding all possibility of infection from outside sources. In this way twenty-one rooms of seven Berlin hospitals were examined, and bacilli found to have been present in the dust from most of them. Positive results were also obtained with the dust from insane asylums and penitentiaries. The dwellings of fifty-three tubercular patients were investigated in the same way, and the dust in the neighborhood of twenty patients found to be virulent. It was the case with absolute regularity that the dust was always virulent when the patient had been in the habit of spitting on the floor or in a handkerchief, while it was never so when a spit cup had been employed.—*Munchener Medicinische Wochenschrift*, 1888, No. 308.

## WASHINGTON NEWS AND COMMENT.

The various Medical Societies have adjourned until after the holidays.

There is a vacancy in the House Staff of the Columbia Hospital.

The Medical Journal Club starts the New-Year with the following members: Drs. Robbins, Deale, Richardson, S. S. Adams, Fry, Fernald, H. & E. Johnson, Fox, Prentiss, G. W. Johnston, G. W. Cook & Cuthbert.

Dr. Frederic Sohon, Assistant Resident Physician in the Central Dispensary and Emergency Hospital has resigned and an examination of candidates for the position, will be held about January 1st.

Dr. Hawkes has severed his connection with the Staff of the Garfield Hospital, and has been appointed one of the attending Physicians of the Providence Hospital.



### Medical Items.

Dr. S. V. Hoopman of this city and Miss Kate H. Webb of Norfolk Va., were married on Wednesday last.

The professorship of obstetric theory in the Paris Faculty has been replaced by a professorship of clinical obstetrics.

In France the average life of a generation is but 31 years, and the number of infertile marriages is thirty-four out of a hundred.

According to the Rev. Elizabeth W. Greenwood, there are 2,432 physicians and surgeons, 105 ministers and 75 lawyers in this country who are women.

Miss Karolina Widerstrom, the first woman doctor in Sweden, has been engaged as an examiner by the Thule Life Insurance Company.

Dr. Herny F. Formad has resigned the position of Demonstrator of Morbid Anatomy and Pathological Histology, in the University of Pennsylvania.

A. B. Ward in *Scribner's Monthly* for January 1889, has a very interesting article entitled "The Invalid's World" in which he discusses the doctor, nurse and visitor.

An impetus to otology has been given by the illness of the present Emperor of Germany. It is said that twenty-five pamphlets on ear troubles have been published in Germany in the past five weeks.

Counter-prescribing is said to be the rule rather than the exception in Kansas City, no one thinking of calling a physician unless he finds himself seriously ill. As a retaliatory measure, many physicians are dispensing their own medicines.

A calculus like a cannon ball was taken from the carcase of a horse last week at Hexham, England. It weighed 3 lb. 10 oz., and was above 15 in. in circumference. The horse was twenty-five years old, and accustomed to take long journeys.

The Philadelphia Polyclinic has decided to establish a three months Special Course in Ophthalmology, adapted to the wants of physicians who desire to make themselves thoroughly familiar with this branch. It will include systematic didactic instruction, and quizzing, with abundant clinical work.

The old Empress Augusta, of Germany, has offered a prize of 10,000 marks (\$2,500) for the best transportable barrack hospital. This plan has been tried before, but owing to the small number of competitors it had to be given up, a fact which does not speak well for the vaunted inventiveness and energy of the Continental artisan.

The appointment to the vacant chair of Medicine in the University of Vienna has not yet been made. The names mentioned in connexion with it, in addition to that of Professor Schrötter, are Professor Riegel of Giessen, Dr. Mossler of Greifswald, Dr. Quincke of Kiel, and Professor Rembold of Vienna.

Dr. H. M. Wilson, Jr., and Miss Frank Jones of this city were married at Mt. Calvary Church last week. The bride is a sister of Dr. C. Hampson Jones. Drs. Bond, Herbert Harlan, J. Brown Bixley, Jr., and George H. Rohé served as ushers. After the ceremony the bridal couple took the train for their new home at Tannersville in the Catskill Mountains, where the groom has charge of a Sanitarium for Pulmonary Diseases.

Dr. Brooks H. Wells reports in the December number of the American Journal of Obstetrics, a unique monstrosity, living and married in her 20th year. It is a young woman normal and well developed in the upper part of the body, but whose waist broadens out and at the third lumbar vertebra the spinal column divides so that below the point the body is duplicated, and the two halves act independently.

The Indiana legislature has passed a law declaring that, "from and after the passage of this act, no pharmacist, druggist, apothecary or other person, shall refill more than once prescriptions containing opium or morphine, or preparations of either, in which the dose of opium shall exceed gr.  $\frac{1}{4}$ , or morphine gr.  $\frac{1}{20}$ , except with the verbal or written order of a physician." A violation of the law is a misdemeanor, punishable by a fine of not less than ten nor more than twenty-five dollars.—*Buffalo Medical and Surgical Reporter*.

The British Medical Journal in its last issue gives in a voluminous supplement the names of its members of whom 81 are Americans. Among these are Drs. H. M. Biggs, T. A. Emmett, F. N. Otis, Lewis A. Sayre, of New York; W. H. Daly and R. S. Sutton of Pittsburgh; J. B. Hamilton and J. S. Billings of Washington; W. Oster, J. V. Shoemaker and S. Weir Mitchell of Philadelphia; H. O. Marcy of Boston; N. Senn of Milwaukee; N. S. Davis of Chicago; and H. P. C. Wilson of Baltimore.

The Trustees of the University of Pennsylvania have determined to build a large hospital and stable for the treatment of diseases of dogs, horses, cows, and other domestic animals. There are more fancy cattle owned around Philadelphia, it is said, than about any other city except Boston, and some of the finest die from want of surgical care. A special department is to be devoted to the care of pet and sporting dogs. A well-known Philadelphia lady proposes endowing a department for cats. The Society for the Prevention of Cruelty to Animals and the Anti-Vivisection both oppose the project.

## Original Articles.

## PRESIDENT'S ADDRESS.\*

I. E. ATKINSON, M. D.

One of the many debts (and among the most important), that Dermatology owes Hebra and his school, is in the systematization of the study of diseases of the skin. That the student is no longer daunted at the very threshold of his inquiries by a maze of irreconcilable nomenclature, based largely upon physical signs and clinical symptoms, but is enabled to profit by a tolerably well-ordered system, through which many, apparently widely dissimilar and unrelated processes are bound together by a strong pathological kinship, he owes largely to the influence of this distinguished physician. The abandonment of the purely clinical standpoint and the adoption of the higher one of pathology, has opened a much wider field of observation. It has become evident, however, that in pathology only in its broadest significance, can we hope to attain a truly scientific comprehension of the subjects of our investigations. Modern research has shown all the more clearly that in pathogenesis, in the causation of disease, resides the essence with which the science of medicine must become familiar, before it may hope to attain a definite and established position. Pathological Anatomy in itself only reveals the effects of influences more or less determinate, and it has been discovered, that these influences though widely differing in nature, may often produce results that are almost, or quite identical, that while at one time peculiar and characteristic changes follow the action of a definite prime factor, at other times the alterations may be attributable to any one of a number of these. It has been determined, that that which, upon superficial examination often appears to be the immediate cause of a morbid action may be, in truth, only secondary in pathogenetic importance. The unenlightened observer sees a tiny phlegmon follow the introduction of a thorn

or a splinter into the flesh, and attributes the morbid effects directly to the irritation excited by this, while the trained student knows that it has only served as the vehicle upon which the essential influences are introduced to the sphere of their morbid activity; knows that these essential influences are minute organisms that may differ more or less in specific nature. Here he finds that causes dissimilar in themselves may produce results similar or identical. The soul of pathology is etiology, and in the cultivation of this department of science we have learned that a correct understanding of disease depends no more upon pathological processes and results than upon pathological causes. Nearly a whole century of disputation regarding the nature of tubercle, left the problem hardly nearer solution than it was at the beginning. Koch's discovery of the "bacillus tuberculosis" at once reconciled conflicting opinions and demonstrated the relative unimportance of the morbid lesion in the presence of the pathogenetic material. But just as etiology constitutes the most important field of the pathologist's labors, so does it oppose to his inquiries many of the most difficult and apparently insurmountable obstacles. The remarkable discoveries of recent years regarding the pathogenetic importance of minute organisms, have elucidated the obscurities of a number of morbid processes and give the promise that light will be thrown into many of the dark recesses of disease; but on the other hand, it is quite certain that other influences than micro-organisms are active in the production of disease. The task of determining these is so beset with difficulties that we can, to-day, detect but feeble glimmering of the light that, it is confidently believed, will ultimately illuminate them.

A preliminary condition to success in this research is the recognition that while morbid action is always evolved definitely and in accordance with fixed and unvarying biological law, the agencies that are sufficient to excite this action need not be identical. New connective tissue is equally developed in the repair of an injury, the growth of a tumor, under the stimulus of alcohol or

\*Read at the Annual Meeting of the American Dermatological Association, at Washington, Sep. 18, 1888.



the irritation of syphilis. The vital activity of animal tissues offended by the presence of enemies and suffering from their depredations often uses the same weapons and identical tactics against them, though they fight under different standards. A second, no less important condition to be considered is that a morbid agent produces widely different results as the locality of its activity varies; in an indifferent part, insignificant effects, but upon a vital organ or centre of trophic influence, consequences of the greatest importance both in themselves and as bearing upon secondary changes in parts in close trophic or functional relation with them and which are but too often misinterpreted as of primary significance and as self-constituting diseases.

A few references will suffice to illustrate similarity of result following the operation of unlike causes. For example, the diphtheritic virus which we assume to be specific and organic, excites changes that result in the production of false membrane; it is equally certain that the virus of scarlatina, equally unrecognized, causes the formation of a membrane undistinguishable from the former. Scarlatina, small-pox, malarial intoxication, noxious drugs are all competent to excite, when implicating the renal structures, glomerulo-nephritis of more or less intense grade. It seems likely that croupous pneumonia may develop under the morbid excitation of more than one agency. In considering the skin we find that this organ no less than others, in its pathogenesis and pathology, presents analogies and homologies. Many of these are so familiarly known that their mention seems almost superfluous. In passing, reference may be made to the circumscribed baldness of alopecia of tropho-neurotic origin, and that occasionally observed in the course of syphilis; of the urticaria that may at one time follow dietetic errors and at another the evolution of malarial fever; of the facial herpes accompanying acute lobar pneumonia or remittent malarial fever; of the eczema that directly follows local cutaneous irritation and that which develops under unknown and

systemic influences. Consider more particularly the phenomena of rubella or German measles, and those of rubeola or measles proper, two affections which we know to be quite distinct in essence, yet which are so similar in their symptomatology, that few clinicians, judging isolated cases purely upon their own merits, would at all times be willing to diagnose unqualifiedly between them. Here we have two morbid principles, which we have abundant reason to believe unrelated, producing results that are often almost identical.

Morbid processes entailing suppuration may justly claim a very high interest in this relation. The accumulating evidence of bacteriology, until very recently, seemed to show that pus is only formed in the presence of certain minute organisms. These organisms, it is true, are not always identical. More recent research makes it probable, although they may still be regarded as the prime factors, that not they but ptomaines, their products, are the agents, the presence of which in the tissues brings about suppuration. A recent publication by Grawitz and de Bary,\* makes it appear that except in the presence of their peculiar ptomaines, pyogenic micro-organisms are incapable of exciting the suppurative process, that these peculiar chemical substances are, of themselves, capable of inducing the formation of pus when the organisms have been excluded by sterilization, and that the pus thus formed when subjected to cultivation-experiment remains absolutely infertile. More than this, they have shown that certain sterilized chemical substances, such as liquor ammoniæ, are capable of exciting suppuration when introduced into animal tissues, after the agency of organisms has been precluded by careful precautions, thus confirming the conjecture of Briège, who having discovered that staphylococcus pyogenes aureus forms much ammonia and streptococcus, trimethylamine, considered it possible that simple ammonia bases in a nascent state, may excite inflammatory processes. Nevertheless,

\*Virchow's Archiv., vol. cviii, p. 67. 1887.

if ptomaines be proven to be the immediate excitants of suppuration, it must be admitted that the prime factors must usually be micro-organisms, and it cannot be denied that several different bacteria may constitute the efficient agencies. In cutaneous suppurative processes, most interesting considerations are presented. The spreading conviction that suppuration in the course of cutaneous, as of other diseases, is attributable to the engrafting of a secondary morbid process upon a primary essential one through the diminished resistance offered by the injured tissue to the inroads of the always present and ever alert micro-organisms, prepares and partially justifies us in receiving with a considerable degree of credence some recent bacteriological observations upon these points, attesting the influence of these organisms.

Max Bockhart\* found that ordinary impetigo, furunculosis and sycosis are produced by the invasions of staphylococcus pyogenes aureus and staphylococcus pyogenes albus. By impetigo he understands the impetigo of Wilson as well as the simple pustular lesion observed in scabies, eczema and prurigo. The differences in result in these affections he attributes to the varying depth to which the bacteria penetrate as well as to the varying anatomical structure of the parts invaded. These conclusions, which are quite reconcilable with those of clinical experience, find some further confirmation in the researches of Longard,† who found in nine cases of folliculitis abscedens infantum (furunculosis), staphylococcus pyogenes albus, four times alone, and five times in association with staphylococcus pyogenes aureus. Quoting from the address of Unna at the last International Medical Congress, we see that "in acne vulgaris the formation of comedones on the one hand and the purulent inflammation of the follicles on the other represent two processes internally absolutely foreign, externally simply combined but existing independently of each other." The rôle

of pyogenic bacteria is no less important in the secondary processes of affections, primarily specific. Guttman\* found after cultivation in various appropriate media in the contents of the small-pox pustule, colonies of the staphylococcus pyogenes aureus and white colonies differing from staphylococcus pyogenes albus in biological peculiarities and in their non-infectious nature. To these organisms he attributes the pus-formation but not the contagion of variola.

The suppurative process, then, illustrates the point, in its pathogenesis, that not only may apparently dissimilar morbid actions have a common origin, but that identical results may follow the action of dissimilar causes. But, what is more important, it also shows that the simple concurrence of a specific morbid principle and a living tissue do not always result in pathological action, but that there must be superadded the primary pre-disposition to disease, in the modification of the tissue, by which its powers of resisting injury and maintaining its integrity have been diminished.

It is also justifiable to conclude that more occult influences than those concerned in pus-formation may vary in their primary mode of action as the conditions of their existence vary; dissimilar in themselves they may co-incide in their ultimate results. Familiar illustrations of cutaneous expressions of internal disorders have already been referred to. There can be no doubt that many affections are considered as skin diseases, and are designated as such, only because we are unacquainted with the subtle and remote pathological processes, of which they are expressions. It is likely that various forms of dermatitis exfoliativa, of pemphigus, of dermatitis herpetiformis, among others, are such. Let us consider, for example, the disease known as impetigo herpetiformis or rather that group of disorders designated by Duhring as dermatitis herpetiformis, and, according to him, including in its severest forms the impetigo herpeti-

\* Monatshefte f. praktische Dermatologie, 10. 1887.

† Archiv. f. Kinderheilkunde, Bd. viii, H. 5. 1887.

\* Deutsche Med. Wochenschrift. 42, 43. 742-758, 1886.



formis of Hebra. The latter as originally described by Hebra, is an affection occurring in gravid and puerperal women, terminating fatally in the great majority of cases. Kaposi, who vehemently objects to its classification with the dermatitis herpetiformis of Duhring, has recently contributed an important article\* in which, not well establishing his claims in other respects, he finds himself compelled to admit that the affection may attack men as well as women. Of the thirteen cases summarized by this writer at least one recovered. That the cutaneous lesion may vary from a purely pustular or impetiginous eruption is demonstrated by Kaposi's own case, since in it, diffuse erythema and wheals of urticaria were abundantly developed. The varied character of the general symptoms and of the pathological alterations teaches us that the eruption designated as above can hardly have a constant and characteristic etiological relation to any defined morbid process. Post-mortem examinations have always revealed internal disorder, of which the cutaneous lesions have only been a part or concomitant. Some have shown pyæmic processes. Tubercular peritonitis, meningeal adhesions, important disorder of the cerebro-spinal system have all been recognized. Vitally important as the lesions heretofore described have proven, they have not been constant and cannot, as yet at least, be considered to form a well defined pathological group, of which the impetiginous eruption has applied the clinical evidence. If we may accept Hebra's opinion that impetigo herpetiformis depends upon a reflex nervous and vascular irritation, we may venture to conclude that this irritation may originate in pyæmia or in tuberculosis or in any agencies that act in a similarly injurious manner upon the trophic centres. If the impetigo prove thus to be a secondary pathological product it is no more entitled to consideration as special disease than are the pneumonias or arthritic inflammations that follow pyæmia or tuberculosis. If we consider this affec-

tion from the broader standpoint of Duhring there is the better justification for not more than provisionally receiving dermatitis herpetiformis into the classification of substantive diseases provisionally, since while Duhring has, with great acumen, made it evident that under this designation it became possible to group together affections heretofore considered distant or noticed in literature as atypical and indeterminate, into a series in which the clinical relationships, at least, are pronounced, their etiology seems to be in many cases quite different. In the sense of its clinical conditions, and it is thus that we understand Duhring to consider it, dermatitis herpetiformis is entitled to a place in our text-books just as we admit purpura and other disorders which we recognize as largely symptomatic; while in the etiology of dermatitis herpetiformis we may recognize the pregnant and puerperal condition, pyæmia and the influence of profound nervous perturbation, it is to be noted that there have been found after death lesions of the cerebro-spinal system, that may to some extent attest the secondary character of the cutaneous lesions. In Kaposi's latest case of typical impetigo herpetiformis is was found that in the cervical portion of the spinal medulla the dura and pia-mater were adherent. The cord itself was large and smooth. Upon section the cervical portion showed a sharply-margined cavity of from three to five millimetres broad by six centimetres long. At the autopsy of a case reported by Jahrish as anomalous but resembling herpes iris, and which Duhring has adopted as belonging to the group included in dermatitis herpetiformis, there was discovered inflammatory alteration in the gray axis extending irregularly from the third cervical to the eighth dorsal vertebra;\* a case which Duhring, likewise, concludes to have presented symptoms common to dermatitis herpetiformis, was reported by Meyer,† the disease, beginning as eczema, assumed the appearance of pemphigus

\*Viertelj. f. Dermatol. u. Syph., vol. xiv, 273. 1887.

\*Viertelj. f. Dermatol. u. Syph., p. 1880.

†Archiv. f. Path. Anat., xciv, 1883.

and gradually came to resemble pemphigus foliaceus. In the small cutaneous nerves were found many empty nerve-sheathes and a number of nerve-fibres in an early stage of parenchymatous degeneration. The spinal ganglia were unaltered. The cord, however, was extensively diseased throughout the cervical and dorsal portions and partially in the lumbar portion. The interstitial tissue was thickened. The sclerosis extended along the columns of Goll. Scattered areas of sclerosis were found in the columns of Burdach as also in the lateral columns. The anterior columns were intact. The gray substance was not essentially changed.

Other examples of the dependence of cutaneous lesions upon, or their concurrence with, disease of the central nervous system and of the viscera, are abundant and are everywhere acknowledged; so, also, are the evidences that many cutaneous affections have each a varying etiology. The subject is, indeed, trite. But while prime etiological factors may vary and while differing in themselves may produce identical results, it is to be well understood that these results are not always the immediate effects of their action, but are, very often, to be recognized as products secondary to more subtle changes evoked in parts upon the healthful status of which normal nutrition depends. When such primary morbid processes come to be well understood, it may be confidently asserted, that it will be shown that in proportion to their distribution and intensity will the alterations secondary to their immediate influence over nutritive processes, resemble or differ. It is the important task of pathology to discover these and until our knowledge becomes more definite, we cannot hope that our classifications of disease will prove more than tentative. Symptomatology must be permitted to form with pathology their groundwork. It does not lessen our conception of a disease characterized by a peculiar and circumscribed eruption and by definite subjective symptoms, if we call it "herpes zoster," though we know that this eruption is associated with, and probably de-

pendent upon, inflammatory charges in the sensitive nerves and ganglion of the spinal cord and trifacial nerve. Whether the determining influences of this inflammation are constant, and to what extent they are comparable to other more diffuse and less determinable processes and of what nature they are, it remains for pathology to discover. Until this be done we cannot expect that diseases will be considered so much as what they are, as what they appear to be.

### NOTES OF A SUCCESSFUL CASE OF LAPAROTOMY FOR IN- JURY BY A CIRCULAR SAW.\*

BY JOHN H. PACKARD, M.D.,  
OF PHILADELPHIA.

Charles Brown, aged twelve years, was brought to the Pennsylvania Hospital, September 24, 1888, having fallen against a circular saw in rapid motion. The accident occurred about one mile from the hospital.

On his admission, the ascending colon and about two feet of the small intestine were protruding from a wound four inches or more in length, nearly vertical, on the right side of the belly, some two inches from the middle line. The mass was tightly grasped in the wound, so that access of air to the peritoneal cavity was prevented. The boy was in a condition of marked but not excessive collapse.

He was etherized, and the parts antiseptically cleansed. The bowel was then carefully examined. Three wounds of the intestinal wall were detected; one involving the entire thickness, the other two the peritoneal coat only. At several points the omentum had been wounded, and the mesentery was cut in two places. The boy's woollen clothing had been torn by the teeth of the saw, and a great many minute shreds of the stuff deposited on the surface of the protruded mass.

The three intestinal wounds were carefully sutured with very fine silk,

\*Read before the Philadelphia County Medical Society, December 12, 1888.



after the method of Lembert. All the bleeding points were secured with fine carbolized catgut. Some ragged portions of omentum were similarly tied and cut off. Attention was next given to the cleansing of the peritoneal surface from all the bits of woollen threads deposited on it; a very tedious process, occupying more time than any other part of the operation.

In order to return the protruded mass it was necessary to enlarge the wound somewhat; after which reduction was accomplished without difficulty. After irrigation of the peritoneal cavity, the edges of the wound were brought together with silk worm-gut suture, secured by shot. A glass drainage tube with a closed and rounded end was inserted, and the usual antiseptic dressings applied, with a flannel over all.

Every two hours the cotton rope filling the tube was removed, and suction was made with a hard-rubber syringe with a long nozzle, so as to prevent any accumulation of secretions.

Reaction took place very favorably; the boy had only very slight pain, but some nausea and vomiting.

The nausea and vomiting continued all next day, subsiding toward evening. A free movement of the bowels occurred, and I learned later that an attendant, just after the boy's admission, had given him by mistake ten grains of blue mass, intended for another patient. As soon as the stomach became quiet, the administration of prepared milk and beef-tea, alternately every two hours, was begun.

On the 28th (the fourth day) there was only a slight yellowish discharge from the tube.

29th. The glass tube was removed, and a soft rubber one substituted for it. Solid food (milk toast) was given.

30th. He ate an egg and some chicken-broth.

A day or two after this the tube removed, and a few days later the sutures.

For some two weeks after this the boy was kept in bed; he was allowed first to sit up in bed, and then get up and walk about.

On October 31st, thirty-seven days after the injury, he walked into the clinic-room; and on November 12th, he was discharged, with directions to wear a binder for some time, and to report to us before dispensing with it.

I should have mentioned that, after the spontaneous movement of the bowels on the second day, an enema of turpentine and sweet oil was administered about every third day until his dismissal.

Certain features of this case may be briefly commented upon. The boy's youth was, of course, in his favor. He was stout and healthy, although his surroundings had not been, by any means, hygienic. But there was one circumstance of special advantage—the fact that the protruded mass quite filled up and plugged the wound in the abdominal wall. Besides this, the wounds were all of small extent, and no large vessels were divided. The presence of the almost innumerable shreds of soiled woollen clothing on the peritoneal surface was of course an element of danger, only to be set aside by the utmost care and patience in their detection and removal.

It would scarcely be fair to conclude this report without acknowledging the assiduous care and attention, and the skill in manipulation bestowed upon the case by Dr. Walter D. Green, the resident surgeon, who first had charge of it, as well as by his successor, Dr. Harvey Shoemaker. Much of the credit of the favorable results attained belongs fairly to these gentlemen.

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The French Academy of Sciences has awarded the Cuvier Medal to Dr. Joseph Leidy. In the letter apprising Dr. Leidy of this honor, written by Milne Edwards, he is invited to authorize the inscription of his name as one of the Committee of Patrons of the International Congress of Zoologists, which will be held under the auspices of the Zoological Society of France next August.

# Society Reports.

## BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD DEC. 17TH, 1888.

The President DR. H. M. WILSON, in the Chair.

*Dr. W. C. Van Bibber* spoke on the subject of

### ASPHYXIA FROM ILLUMINATING GAS.

He said that in 1879, a young man came to this city and went to a hotel and in the morning was found asphyxiated from the gas. Dr. Morris called him in. They put the patient under the window, fanned him and gave hypodermics as he could not swallow. About a year later he saw another similar case and a year after that there were two at Guy's hotel. They recovered. And now a few days ago two persons were similarly affected. As far as he knows there is nothing to do but give fresh air by fanning them and otherwise, and give stimulants. It does seem as if something more ought to be done in such a very tangible and common disaster. The treatment has not been here so far very favorable for of the six cases he related four died. In answer to Dr. Michael he said he used artificial respiration.

*Dr. B. B. Browne* said that many such cases occur from the fact that the gas was down low and at night the pressure was taken off at the gas works and then it may go nearly if not quite out and thus gas may escape into the rooms.

*Dr. William B. Canfield* said he thought the gas was apt to go up higher at night from the fact that gas in many parts of a house was turned off. In his own experience he had had the gas in his own room at night blown out from the wind and had not detected an odor which was probably due to the fact that the window was open. He thought that in most cases the persons were in a state of intoxication, which made the unconsciousness from gas still harder to arouse.

*Dr. John R. Uhler* said he had not treated cases of this kind, but he thought

better treatment was necessary. The more odorless gas has proved the most dangerous. Water gas is dangerous. It gives out intense heat, but not so much light. When a certain substance gets hold of the hæmoglobin of the blood it stays and will not let go. Administering oxygen and fanning is very good, but the only rational treatment is the one by which we can get rid of these killed red corpuscles and add new red ones. Transfusion is the best for this and it is the only sensible treatment.

*Dr. J. Edwin Michael* thought such treatment was tried recently. The majority of such cases end fatally, but this treatment is rational and should be used above all other means, especially after artificial respiration which should be used first.

*Dr. J. R. Uhler* said the prevention of these matters was more important still. In mines there were so many appliances to warn against the excess of carburetted hydrogen. One way is by a sponge of platinum, another by an electric annunciator. Or we might do as in some parts of Europe in the hotels, that is, have gas on the first floor only and use *bougies* or candles on the other floors.

*Dr. A. K. Bond*, said he had had one case to deal with. A man, repairing a gas pipe in a cellar, was heard to cry out and was immediately brought up almost overcome. He could just walk. He had had little experience with such cases and gave stimulants. A man, who also worked for the gas company came in and said he must lie down with his chest exposed. He was taken out in the open air (it was on a cold day) with bare chest and head and he gradually returned to consciousness. The gas men have much experience of this kind, as few escape it. They gradually inhale the gas without noticing it, and then after a certain point they are overcome and not able to escape. They all agree that fresh air is the best treatment.

*Dr. George W. Miltenberger* then read a paper entitled

ANTE-PARTUM HOUR GLASS CONTRACTION OF THE UTERUS.



*Dr. H. M. Wilson* thought that in all such cases the fatal collapse was signalized by embolism.

*Dr. B. B. Browne* thought that the singular part about this was the sudden death. In most cases labor has lasted a longer time.

*Dr. John R. Uhler* thought it was a great pity that some sort of dilatation could not have been employed. He had a device of his own to dilate strictures of the urethra. He inserted any number of knitting needles and slipped a block of wood as a fulcrum between them and then exerted pressure.

He thought the obstetric forceps could have been applied but not locked and a block of wood as a fulcrum put between the handles and sufficient pressure used to overcome the contraction.

*Dr. J. Edwin Michael* suggested that the child would be in the way in *Dr. Uhler's* procedure and also the block of wood or fulcrum would have to be as large as or larger than the child's head to be effective.

*Dr. S. T. Earle* had seen one case like this. He was called in consultation about fifteen years ago and found a young Jewess in labor. She had had two children. She had been in labor two days and the hand and arm were presenting and a tight constricting band around the child's abdomen which nothing could pass. He suggested an operation but nothing was done and the woman died twenty-four hours later of exhaustion.

*Dr. Uhler* said he could not understand how contraction could take place after death.

*Dr. Miltenberger* said there was a considerable amount of life after death. The body does not all die at once. It is not an uncommon thing to hear of post-humus children and he had often noticed the uterus contract after death, which was due partly to muscular contraction and partly to gas in the intestines. We know that the hair and nails grow after death.

*Dr. Michael* stated he had seen a uterus entirely removed from the body contract as late or half an hour after death.

*Dr. A. K. Bond* asked if ergot had been given in this case and also quinine. On being informed that no ergot had been given and only ten grains of quinine early that morning, he said that it would seem natural to him to suggest cutting and asked why a long knife could not have been introduced on the finger and the contracting band cut. He spoke of the literature of this subject and the causes of death and said it looked very much like death from chloroform. He also asked as to the condition of the kidneys.

*Dr. H. M. Wilson* said he had examined the urine many times and had never found albumen. He did not think his patient died from chloroform as she came from under its influence and talked quite intelligently. There was no sign of hemorrhage internally.

*Dr. Miltenberger* spoke of the danger and impossibility of cutting the band of internal muscle. He said if it were even possible to introduce a knife, the slightest cut on such a tense muscle would produce a certain rupture of the uterus and the child would be forced into the abdominal cavity.

*Dr. B. B. Browne* mentioned a case in his own practice in which a patient who was taking ether very quietly suddenly ceased to breathe. Prompt action restored her.

*Dr. Uhler* mentioned a case in which the doctor had given but a small amount of chloroform to a strong and apparently healthy man, when suddenly he ceased to breathe and was dead. A post-mortem revealed an aneurism of the abdominal aorta which had been ruptured in the period of excitement.

*Dr. W. C. Van Bibber* said it was not always easy to decide when the Cæsarean section should be performed to save life. The profession should be in unison on this point so that in cases we could protect each other against public accusation of malpractice. He performed it once. He was sent for hurriedly and found a pregnant woman at term just dead. He had nothing but a pocket knife with him but with the permission of the family he performed Cæsarean section with it alone and brought out a living child which died in about twenty minutes.

*Dr. B. B. Browne* then exhibited a specimen of

DISEASED TUBES AND OVARIES.

WILLIAM B. CANFIELD, M.D.,  
Reporting Secretary.

BALTIMORE MEDICAL SOCIETY.

STATED MEETING HELD NOV. 26, 1888.

*Dr. J. D. Blake* related

A CASE OF RAPID BREATHING.

A boy 17 years of age, with clear family history. Three days prior to his being called in, the patient had been out gunning which fatigued him. On the second day he found the left lung solidified; no increase of temperature; respiration 32; pulse 126; no pain. He believes it a case of sub-acute inflammation. This condition remained the same for 26 days, with no rise of temperature. He used iodide of potash with muriate of ammonia.

*Dr. Blake*, in reply to *Dr. Earle's* question, said there were no rales.

*Dr. S. T. Earle* said he thought it

A CASE OF SUBACUTE PLEURISY.

He has a similar case now.

*Dr. Blake* said he thought the question of pleurisy settled by the presence of increased vocal fremitus and the indications shown on the patients change of position.

*Dr. H. H. Biedler* thinks pleurisy would be accompanied by pain. He thinks *Dr. Blake's* case due to hypostatic congestion. He does not think a man could have an inflammation of the lung without increase of temperature.

*Dr. Earle* said he does not think vocal fremitus peculiar to consolidation of lung. Compression of lung would give the same effect.

*Dr. Blake* does not agree with *Dr. Earle*. Pressure from fluid will not give the same fremitus as a consolidation does.

*Dr. Biedler* believes it due to sub-acute inflammation. It progressed very rapidly.

*Dr. Blake* said the third day after the hunt, was the first time he saw him, but he cannot say that was the beginning of the trouble.

*Dr. J. T. Pennington* believes pneumonia is not always an inflammatory disease. A sudden chilling of the surface of the body may cause an increased amount of blood in the vessels of the lungs, causing a passive congestion, or a congestion by stasis, with exudation into the connective tissue of the lung, the lung-substance not being injured.

*Dr. Earle* then read a paper entitled:

A CASE OF INGUINAL COLO TOMY.

DISCUSSION.

*Dr. Geo. H. Rohé* asked *Dr. Earle* if it is not advisable to close up the lower portion of the bowel to prevent the passage of fecal matter into that portion and thus save irritation and the danger incident to it.

*Dr. Earle* said he thought the danger is from the fecal matter already in the lower part and not from what may go there subsequent to the operation.

*Dr. Biedler* has a case of the same kind. He does not think failure to close the lower bowel is likely to be followed by irritation. In his case he has passed the catheter frequently and there is no irritation. He can never have an operation without an injection.

*Dr. J. D. Blake* does not think the small cul de sac in *Dr. Earle's* case is sufficiently large to receive enough of the fecal matter to cause trouble.

*Dr. Biedler* says there have been only a few cases of congenital absence of the rectum reported. In a case of his, several operations had been performed to try to find a rectum, the opening being made from the anus, which would close, necessitating another operation. When it came to his hands the anus was closed. The child was over 3 years old when he operated, trying, to find an opening, in which he failed.



The question of bringing down the rectum and stitching to the skin was discussed by Drs. Biedler and Earle.

The society adjourned.

HENRY B. GWYNN, M. D.,  
Recording and Reporting Secretary,  
1837 Lexington Street.

**THE ALLEGED INCREASE OF CANCER.**—Apart from the purely surgical interest attaching to the Morton Lecture on Cancer and Cancerous Diseases, delivered on the 26th ult. by Sir Spencer Wells before the Royal College of Surgeons, the lecture contained in its opening remarks some important statistical information tending to prove that such diseases are on the increase in this country. Thus in England, during the twenty six years 1861–87, the mortality of cancer has risen from 360 per million of the population to 606—an increase which, Sir Spencer Wells truly remarked, is far more than can be attributed to improved registration. In Ireland, although the total mortality does not show so striking an increase, yet when this is corrected by reference to the diminishing population of that country, the proportional increase per million is almost as striking as that for England—viz., from 1864 to 1880 an average annual rate of 676, and from 1881 to 1887 a rate of 873. In Scotland the proportion of deaths from cancer is larger than in Ireland. A like increase in mortality from cancer during the last decade is noted in the United States. It is obvious that improved diagnosis of malignant disease and greater accuracy in making returns do not suffice to explain the rise in these figures; and Sir Spencer Wells deserves thanks for strenuously urging the importance of more detailed statistical returns, especially as to the organs primarily affected, the ages and sexes of the subjects, and the districts in which the various forms of cancer most prevail. It will be seen that a question on this subject was put in the House of Commons on Tuesday last. Mr. Ritchie's reply, that the medical officers of the Local Government Board were too much occupied to undertake

the inquiry, implies the necessity for an improved system of returns made to the Registrar-General.—*Lancet*.

**ICTERUS NEONATORUM.**—Professor Neumann of Königsberg (*Virch. Arch.*, cxiv., 3) in endeavouring to throw light upon the vexed question of the true nature of icterus neonatorum, whether it is hæmatogenous or hepatogenous, has availed himself of the fact that in fatal cases of jaundice free crystals and granules of bilirubin are to be found in the various tissues, especially in the fat cells of the omentum and elsewhere. Some years ago he detected such precipitates in the case of an infant who died from congenital heart disease four hours and a half after birth, without showing any sign of jaundice. He has during the past year examined the bodies of twelve stillborn children, and in no fewer than eight found this precipitation of bilirubin—not indeed to the wide extent prevalent in icterus neonatorum, but limited to the fat cells of omentum and subserous fat in various parts of the body. He rejects the idea that its occurrence is due to decomposition of blood pigment, such as occurs in the dead foetus long retained in utero, since in no case examined was there any evidence of death having occurred long before delivery. He also excludes the possibility of post-mortem transudation of bile, since the tissues in which the bilirubin mostly occurred were remote from the gall bladder and intestines. Indeed, he is forced to believe that the bile is already present in the blood, and that after death it crystallises out in the fatty tissues. Hitherto, however, attempts to determine the presence of bile in the blood of the newborn have failed, but the experiments have been insufficient. The fact he has noted suggests that icterus neonatorum may be due to an exaggeration of certain processes natural to foetal life, and not dependent upon the circulatory changes taking place at birth. On this view, it would be a true hæmatogenous icterus.—*Lancet*.

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BALTIMORE, JANUARY 5, 1889.

Editorial.

A CASE OF ANTHRAX.—The relation of cases which are seldom met with in practice is always profitable to the profession. This is especially true of such a disease as that now under consideration, which is very seldom seen by the general practitioners of this section of the country, yet may come up for treatment at any time. The difficulty which attends the diagnosis of some of its forms, and the rapidly fatal course which it at times pursues, makes it necessary that its symptoms and its treatment should be thoroughly familiar to every practitioner. In the *Medical and Surgical Reporter*, Dec. 22, 1888, Dr. Ferguson reports a case of anthrax which terminated in death sixty hours after inoculation of the disease-poison, and ten hours after the doctor's first visit. The patient (a citizen of Philadelphia), a strong, robust man, was a "picker" in a manufactory of hair and bristles. The poison, doubtless, conveyed by the hair of some animal which had been ill with anthrax, entered his system through a slight abrasion of the neck, which, he thought, resulted from the friction of a high collar. He first suffered from malaise, headache and chill, his neck beginning to swell at the

seat of inoculation. The doctor being called two days later, found enormous swelling of the neck. About an inch above the right clavicle was a spot one-half by one-quarter of an inch in diameter, which was concave on its upper surface, and in its centre the skin was thrown into puckered folds, quite yellow beneath. Around this spot was a bright rose-red areola one-sixteenth of an inch in width. There was no hardening to be felt. The parts of the neck around were brawny and apparently infiltrated with serum, but not erysipelatous. The patient had the appearance of a man fatally diseased. His pulse was weak and frequent, and his respiration impaired by pressure (of the swelling?) on the air passages. Six hours later he was found in collapse—cold extremities and no radial pulse—which had been preceded by severe attacks of dyspnœa. The swelling in the neck had increased so greatly that the right shoulder was involved. The patient was conscious and suffered much from the dyspnœa. The case was diagnosed anthrax. The treatment was first, flaxseed poultice to the neck, and tincture of iron and chlorate of potash by mouth, with stimulants. Later, hot bottles, mustard over the heart, and hypodermics of carbonate of ammonia and whisky were employed.

IS THE ELECTRIC LIGHT INJURIOUS TO THE EYES?—After pointing out the advantages which the electric light has over common illuminating gas, in that it produces only one-twentieth as much heat, and does not vitiate the air nor use up its oxygen at all, Dr. Gould (*Medical News*, Dec. 8, 1888,) gives a condensed resumé of the cases so far reported in which the electric light has been the cause of ocular troubles. So far as he knows there is not a single well authenticated case in which ocular trouble has arisen from the use of the electric light as a simple illuminant. In all the cases, apparently, the trouble has resulted from the use of an intense light, at close quarters, in experimental work, or from



gazing directly at an intense light without eyeshades. After reviewing the theories which have been advanced to explain this effect of the electric light, Dr. Gould decides that it is due simply to the intensity or amount of the light received by the eye and not to any peculiarity which it possesses, and so that mild diffused electric light may be used with as much impunity as mild diffused sunlight. The only exception to this is in the case of old-fashioned arc lights in which flickering is very unpleasant to the eye. His conclusions is as follows: As regards hygiene, the superiority of electric light over gas is beyond discussion. The popular prejudice against the use of diffused electric light as an illuminant is absolutely groundless. When injury has occurred to the eye it has been due not to the supposed preponderance of violet and ultra-violet (chemical or actinic) waves, but simply to the greater number (intensity) of the usual length light-waves.

The symptoms produced by very intense electric light are possibly immediate temporary "retinal paralysis," blepharo-spasm central scotomata, after-images, etc. Within twenty-four hours there came on intense photophobia, lachrymation, ocular pain, a feeling as of foreign bodies beneath the lids, conjunctival hyperæmia pericorneal circles, etc.

The attack usually lasts but two or three days; the prognosis is excellent; the treatment is simply cocaine and atropine instillations and cold or hot compresses.

He appends the bibliography of the subject.

### Reviews, Books and Pamphlets.

*Lectures on Ectopic Pregnancy and Pelvic Hæmatocele.* By LAWSON TAIT, F.R.C.S., LL. D.; The Journal Printing Works, Birmingham, 1888. Pp. 107.

Mr. Lawson Tait in the book before us collects and emphasizes those views

with which, through the medium of his scattered publications, American readers are more or less familiar.

It cannot be gainsaid that from his vast personal experience alone Mr. Tait is qualified to speak in a very authoritative manner upon these and other matters of a kindred nature, and yet he expresses most punctiliously his indebtedness to those, notably our countryman Parry, who have contributed anything of value to the subjects in hand. Occasionally his always vigorous style lapses into the satirical and abusive, but it may be said, we believe, in justification of a good deal that Mr. Tait has written, that as one of the most prominent figures in the profession of the day, and as one of the greatest of innovators, he has in many instances unwittingly, and in some, we regret to say, been persistently and willfully misunderstood, and in this as in many other things he has had to pay the penalty that was meted out to the early ovariologists and to those who have been aggressive and original the world over. No one in this country would certainly hesitate in according to him the full measure of praise for his remarkable work, but our personal admiration for him would undoubtedly be much greater were it not that in criticising theories Mr. Tait has assailed the makers of them, always forcibly, and occasionally in an extremely ill-tempered manner.

In these lectures upon Ectopic Gestation etc., he argues convincingly that ectopic pregnancy is almost without exception tubal in the beginning; that no subjective symptoms of any distinctive value exist to point to this condition before rupture occurs; that this bursting (primary rupture) of the sac takes place at or before the 12th. week of development; and that the ovum is discharged either into the peritoneal cavity or extra-peritoneally between the folds of the broad ligament. In the former instance there is an effusion of blood into the cavity of the peritoneum (intra-peritoneal hæmatocele) and without prompt and successful surgical interference a fatal termination is almost uniformly to be expected. Should, however, the

patient survive, the ovum is not so likely to form new attachments and continue its development as to be digested and disappear. In the latter form of rupture the hemorrhage is between the peritoneal folds, constituting the broad ligament, is therefore extraperitoneal (extra peritoneal hæmatocele,) and is very rarely fatal. The product of conception escaping from the tube in the same direction may thrive in its new habitat; may die and be absorbed; may give rise to abscess formation; may remain quiescent as a lithopœdion; or the broad ligament may give way later in the course of utero-gestation (secondary rupture) and its unnatural contents will be evacuated into the peritoneal cavity.

On page 16 Mr. Tait says that he doubts very much if any one has ever had an opportunity to examine an unruptured cyst in the early stages of its development, and on page 50 he remarks that his attitude is somewhat sceptical "concerning the correctness of diagnoses of those gentlemen who speak so confidently of making certain diagnosis in cases of tubal pregnancy before the period of rupture. \* \* \*

It is to be regretted that Mr. Tait has not met with the case of Dr. J. Price of Philadelphia and the two minutely described and well authenticated cases of Dr. J. S. Hawley of New York City in which the diagnosis was made and the ovum removed successfully before rupture of the sac had occurred.

*A Treatise on Headache and Neuralgia including Spinal Irritation and a Disquisition on Normal and Morbid Sleep,* By J. LEONARD CORNING, M. A., M. D. Illustrated, New York: E. B. Treat, 1888, Price \$ 2.75 Pp. 231.

It is a very difficult matter to write a treatise of any value on symptoms alone and this work proves this assertion. A headache tells but a small part of the story in studying a case, and it is so rarely absent in a patients history that a work on headaches should properly cover the whole domain of medicine and

surgery. The author has succeeded in making his subject cover a great many pages. The typography and paper of the book are better than previous editions of the same library.

*Favorite Prescriptions of Distinguished Practitioners with Notes on Treatment.* By B. W. PALMER, A. M., M. D. New York E. B. Treat, 1888 Pp. 256.

This is simply a collection of prescriptions some of them apparently as ancient as the science of medicine itself. It is a work that any one might father who was able to wield the scissors and paste.

When a physician is obliged to study up the private prescriptions of others and use them himself, he had better give up medicine at once and get at something where he can do no harm.

*The Modern Treatment of Diseases of the Kidneys.* By PROF. DUJARDIN-BEAUMETZ. Translated from the fifth French edition. By E. P. Hurd, M.D. 1888, GEORGE S. DAVIS, Detroit, Mich., Pp. 169 Price 25 cents.

This is a very valuable little book and deserves a high place among the numbers of the Physicians' Leisure Library. The anatomy of the kidney, is given from a therapeutic standpoint the subject of urinary secretion is impartially discussed, and enough urinary analysis is given to make the subject clear. This translator has done his work well and has presented to the medical public an exceedingly valuable work on this subject

*Medical Bulletin Visiting List,* F. A. DAVIS Philadelphia.

This is a very convenient and portable book and is so arranged that the names need be rewritten but once a month. It contains the usual printed matter and pencil. The binding is good but the pocket is very poorly made—which is a fault of most visiting lists.

*The Value of "Hysterorrhaphy" in the Treatment of Retroflexions of the Womb.* By CHARLES CARROLL



LEE, M. D., Surgeon to the New York Womans Hospital. [Reprinted from the American Journal of Obstetrics and Diseases of Women and Children, Vol. XXI., December, 1888.]

*The Necessity for Post-Graduate Instruction in the Present State of American Medical Education.* By CHARLES CARROLL LEE, M.D., Professor of Gynæcology in the New York Post-Graduate Medical School. [Reprint]

*Cataract Extractions, with only the Eye operated upon closed by Adhesive Strips. The other Eye left Open for the Guidance of the Patient.* By Julian J. Chisolm, M. D., Baltimore. [Reprinted from the "Journal of the American Medical Association."]

*Double Chorio-retinitis, with Partial Degeneration of the Optic Nerve, associated With Curious Lymph Extravasation into the Retina and Vitreous.* By CHARLES A. OLIVER, M. D., Philadelphia, Pa. Reprint.

*The Climate of the Southern Appalachians.* By HENRY O. MARCY, A.M., M.D., LL.D., of Boston, U. S. A. [Reprinted from the "Transactions of the Ninth International Medical Congress." Vol. V.]

*Placental Development.* By HENRY O. MARCY, A.M., M.D., LL.D., of Boston, U. S. A. [Reprinted from the "Transactions of the Ninth International Medical Congress." Vol. II.]

*The Histology and Surgical Treatment of Uterine Myoma.* By HENRY O. MARCY, A.M., M.D., LL.D., of Boston, U. S. A. [Reprinted from the "Transactions of the Ninth International Medical Congress." Vol. II.]

We are in receipt of a copy of *The Trained Nurse*, a monthly magazine consecrated to those who minister to the sick and suffering in hospital and home. It is published by the Lakeside Publishing Co., of Buffalo, N. Y., and its editor, Margaret Elliot Francis, was formerly

Superintendent of the Buffalo Training School for Nurses. This December issue contains, among other things, an illustrated poem, entitled "Nan's Story;" well written articles on "The Trained Nurse and the Family;" "Some Simple Facts about Medicines;" "How to Stand" (illustrated); "Quarantining School Children;" "A French Hospital for Children," &c. The Letter-box, Editorial Notes, Diet, Kitchen, Practical Points, &c., help to make this issue of *The Trained Nurse* unusually attractive. Specimen copy, 10 cents.

### Miscellany.

DETERMINATION OF ALBUMEN IN URINE.—Dr. H. Schanman, in the *Zeitschrift für Analytische Chemie*, vol. xxvii, part 5, proposes a modification of the gravimetric method for the determination of albumen in urine. Instead of the ordinary paper filter, he uses a plug of cotton-wool freed from fatty matter, and pressed firmly into a glass tube drawn out to a narrow point. For this purpose a filter tube is adopted, as introduced by Alihn for the determination of sugar. This tube, with its cotton plug, is dried at 110°, and weighed. It is then fixed firmly, by means of a cork, in a filter support, which is, in turn connected with a filter pump. The albumen in a weighed quantity of urine is precipitated in a beaker by the addition of a small quantity of acetic acid, and heated for half an hour on the water bath. The clear supernatant liquid is first poured into the tube. The coagulum, which adheres rather firmly to the bottom of the beaker, is repeatedly washed with hot water, and the washings carefully poured upon the cotton before the precipitated albumen is introduced. This is then washed with hot water, with the aid of a filter pump, until the liquid, running out no longer, gives a chlorine reaction with silver nitrate. The tube is then closed at the wider end with a cork, perforated to admit a glass tube. It is then placed in a small rectangular drying box of sheet iron, provided on each of its two opposite sides with a circular aperture, into which the

filter tube is inserted. The end having the perforated cork is connected with a calcium chloride tube and a washing bottle charged with sulphuric acid, whilst the drawn-out end is connected with an aspirator. For an hour a moderately rapid stream of dried air is drawn through the filter tube. The temperature in the drying box is gradually raised to  $100^{\circ}$ , and, after heating to this point for an hour, it is raised further to  $110^{\circ}$ , dried air being still drawn through in a moderately strong current. After heating for two hours at  $110^{\circ}$ , the tube is weighed and reweighed every half hour, until the weight is constant.—*Brit. Medical Journal*.

PROFESSOR VON BERGMANN ON CEREBRAL SURGERY.—The number of cases in which a cerebral abscess has been successfully treated by incision and drainage is somewhat slowly increasing. The most recent addition is that of a patient shown to the Berlin Medical Society on December 5th by Professor von Bergmann. The patient, a workman, aged 29, had suffered from otorrhœa for eleven years. For six years he had been ailing, and, after admission, it was found that there was some fever, with evening exacerbations and shivering. Evidence of the intracranial mischief was afforded by the onset of headache and by a remarkable slowing of the pulse to fifty-three per minute. Finally, right facial paresis, with partial left hemianæsthesia and hemiparesis ensued, symptoms which confirmed the probability of a lesion of the left hemisphere affecting the sensory centres; the diagnosis of abscess of the temporo-sphenoidal lobe was made. The skull was freely opened, the dura mater incised, and the pulsating brain exposed. Having in two previous cases missed an abscess with the trochar, Professor von Bergmann now prefers to incise the brain. In the present case pus, which was extremely green and foul, was reached only on the third incision; the finger could be introduced into a smooth-walled cavity. A drainage tube was introduced, and the wound dressed with iodoform gauze. The subsequent pro-

gress of the case was very satisfactory, the drainage tube was gradually shortened, and in three weeks the abscess cavity was entirely closed. The patient was shown to the Society six weeks after the operation; he was then free from fever, and the facial paresis and other nervous symptoms had disappeared; a considerable portion of the bone removed at the operation had been reproduced, but the otorrhœa persisted, though in diminished quantity, in spite of local treatment by scraping away the granulations with the sharp spoon. Professor von Bergmann commented on the danger attending the indiscriminate use of injections and irrigations.—*Brit. Medical Journal*.

PULMONARY ACTINOMYCOSIS. — Dr. Matschinski relates in *La Gazette Clinique Hebdomadaire de Botkin* a curious case of this disease which he diagnosed during life. The patient was a man suffering from typhoid fever and croupous pneumonia, whose expectoration Dr. Matschinski was examining microscopically, when he found it contained the stellate and filiform fungus of actinomycosis. The filaments of the fungus were of an extreme fineness, dichotomous or roseaceous, from which slender thread-like processes were given off like the branches of a tree, but which were interlaced at the periphery. Fuchsin coloured these filaments a dark red, the groundwork being coloured blue with methylene blue. The necropsy confirmed the diagnosis made. At the base of the right lung was a cavity as large as an orange, filled with pus, in which were found fungi of the same kind as appeared in the sputa. Dr. Matschinski suggests that Ehrlich's method would be more useful in making a differential diagnosis between actinomycosis and tuberculosis — two diseases which, he thinks, might easily be confounded.—*Lancet*.

SIMPLE TEST FOR ARSENIC.—To the suspected liquid is added, in a test tube, a solution of caustic potash or soda, and then a fragment of aluminium. The mouth of the tube is then closed with



paper moistened with a solution of nitrate of silver. If arsenic be present, the paper turns black. Aluminium is preferable to zinc, for the latter may contain arsenic, whilst aluminium is always free from it.—*Farm. Ital.*; *Arch. de Pharm.*; *Amer. Journal Pharm.* December, 1888.

#### THE USES OF CREOLIN DURING LABOR.

—Dr. Minapoulus read a paper at the Munich Gynecological Society, giving the results obtained from the use of creolin during labor, at the clinic of Professor Winkel. The irrigation of the vagina was begun with a  $\frac{1}{2}$  per cent. solution, then increased to a 1 per cent. and later to a 2 per cent. solution in conjunction with the use of two pints of lukewarm water at each sitting. These irrigations were made immediately before and after delivery, and were used in the subsequent lying-in period only, when the temperature rose to a fever point. In every instance the mother would complain of a slight burning sensation, no doubt due to some lacerations of the mucous membrane, the result of labor.

Before each examination the hands and instruments were thoroughly disinfected with creolin.

Of 140 cases thus treated, 2 were severely infected, 1 dying, and 19 were less severely infected.

The two septic cases were treated with the  $\frac{1}{2}$  per cent. solution, and only during labor, and not immediately before nor after delivery. Of the remaining 19, 2 were examined in their own dwellings, and, no doubt, were already infected when they came to the institution. There thus remain 17 slightly infected cases.

Of 140 cases treated with a  $\frac{1}{2}$  per cent. sublimate solution, 3 were severely infected, with 1 death, and 13 less severely.

The author concludes that the results obtained with creolin are as favorable, if not more so, than those obtained with corrosive sublimate. Cases of abortion, in which the secretions had a gangrenous odor, were treated with excellent results, with a 1 per cent. solution of creolin.

Vaginal tumors healed quicker when treated with a concentrated solution of this drug, than when treated with the ordinary bichloride of iron applications. Creolin, it is claimed, will prove a valuable substitute for corrosive sublimate and carbolic acid, as it possesses all their advantages with none of their disadvantages.—*Wiener med. Presse*, November 25, 1888.—*Medical News*.

#### THE DURATION OF INTRA-UTERINE LIFE.

—The diversity of the length of the period during which the young of animals depends directly and wholly upon maternal support is one of the most marked phenomena in natural history.

So far as we know, no effort has yet been made to furnish an explanation of this characteristic fact.

In looking over the list of possible causes, the most probable one is that which is connected with the mechanism of respiration. In the very lowest forms of life respiration is complete in each individual from the date of its reproduction. As far as digestion is concerned, the young marsupial can be removed from the womb by the mother, three or four weeks after fecundation, and survive. As far then as digestion is concerned, animals might have been permitted to sever their connection with the female parent much earlier than many of them do, even after making allowances for the difference in the size they were destined to attain.

Without pretending that there are not many other causes at work, a large share of the diversity in time of intra-ovular and intra-uterine life may be referred to the character of bodily frame-work required for respiration.

The young of the largest fish may be hatched out in a few days and set adrift to fight out the battle of existence. As it breathes by the gills, no thoracic frame-work is requisite for its breathing. The frame-work of the bird is very fine at an early period of life, having very little of cartilage in its construction. The lungs are well encased and well protected.

Of all animals the intra-uterine life of man is the longest in proportion to the destined size of the adult. In all others the respiratory apparatus, all things considered, is the weakest at birth. We should expect, therefore, that the intra-uterine life of the human being would cover a longer period than that of any other animal destined to attain at maturity to no greater size.—*Am. Pract. and News.*

CREASOTE IN PHTHISIS PULMONALIS. —Beverly Robinson (*Am. Journal of the Medical Sciences Jan.* 1889) has been using creasote in pulmonary consumption with some show of success. He has not found that it has any antibacillary action, but it seems to have the effect of promoting the growth of fibrous tissue around an area of consolidated or broken down lung structure. Its action is effective through favoring general nutrition rather than in virtue of its antiseptic properties. After the use of creasote in such cases with favorable results, a sclerosis or fibroid condition of the lungs around the broken-down part takes place and later the auscultatory signs of bronchial breathing and bronchophony on the periphery of this area give evidence of this change. He warns against mistakes through using the wrong kind of creasote. Commercial creasote obtained from the distillation of coal-tar will not do; but the pure creasote from beechwood-tar should be used. It should be taken in small quantities and gradually increased. Three to six minims a day continued through many months have the best effect. One formula which he uses is:

℞	
Creasoti (Beechwood)	mvj
Glycerini,	℥j
Spts. Frumenti,	℥ij
S. At each dose.	

Another way is to prescribe one minim of creasote to each teaspoonful of water when it is not desirable to give whiskey. If the creasote is well dissolved and diluted it will not prove irritating nor unpalatable.

Another formula which Fräntzel uses is:—

℞	
Creasoti,	mxv.
Tinct. Gentian.	mxj.
Spts. Vini rect,	3vj
Vin. xeres q. s. ut. fiant,	℥iv

S. ℥ss. Teaspoonful at a dose.

Creasote may be also given in capsules with cod liver oil. In addition to the drug used internally he gave inhalations of it in one of the following formulae:—

℞	
Iodoformi,	g. xxiv
Creasoti,	m. iv
Ol eucalypti,	m. viij
Chloroformi,	m. xlvij
Alcoholis, ætheris aa q. s.	℥ss

℞	
Tinct. iodi æthercalis,	
Acidi Carbolic,	aa ℥ij
Creasoti,	℥j
Sp. Vini rect.	ad ℥j

℞	
Creasoti,	3j
Alcoholis,	ad ℥ss

His total number of cases treated was over three hundred. The effect of this treatment in the majority of cases, seems to remove the cough, night-sweats and dyspnœa and diminish the sputa. The appetite and weight were nobably increased. In conclusion he says:

I am convinced, in view of what I have seen, the proofs of which I have stated, and notwithstanding their imperfect character in many particulars, that we have in beechwood creasote a remedy of great value in the treatment of pulmonary phthisis, particularly during the first stage. Not only does it lessen or cure cough, diminish, favorably change, and occasionally stop sputa, relieve dyspnœa in very many instances; it also often increases appetite, promotes nutrition, and arrests night-sweats. It does *not* occasion hæmoptysis, and rarely causes disturbance of the stomach or bowels, except in cases in which it is given in *too large* doses.



There is a fair amount of evidence to show that by its long-continued judicious use, it may and will modify favorably the local changes in pulmonary phthisis, and how it does this I have pointed out previously, as far as I was able. Whether or not it has any direct anti-bacillary effect when given internally, or by inhalation, or both combined (the latter method being, in my judgment, the most efficient one), remains as yet to be determined in a more accurate manner. It is certainly an unobjectionable medicament from any point of view. It is easy of administration; it is adapted to the majority of sufferers from pulmonary phthisis everywhere; it may be used with some advantage at all stages of this disease, even the most advanced, and in *my experience* it has proven itself superior to any other medicinal treatment with which I am familiar.

That in all cases the nutrition is the cardinal factor to be always kept in view in the treatment of pulmonary phthisis, no matter what method or course be followed, is, I believe, as true to-day as it always has been from the clinician's standpoint, and without regard to the passing theories which may be adopted in regard to the precise rôle or influence of microbes in the pulmonary structures. The words of Dujardin-Beaumetz\* seem, in this connection, of much value:

"There do not exist several medications of phthisis; there is but one, that which addresses itself to the nutrition; the others are only adjunct methods, which become dangerous if they succeed in affecting unfavorably a single day, a single instant, the digestive functions."

Or those other words of E. L. Trudeau:†

"It should be kept in view that so long as the tissues present a favorable nidus for the development of the bacilli, the destruction of a portion of them, if this should be found feasible, would not necessarily eradicate the disease."

To the end of altering those chemical and vital changes in the organism which allow of the growth of the microbe, "thus far those conditions which promote bodily vigor have alone been found effectual."

THE MEDICAL PROFESSION IN RUSSIA.—The general state of the medical profession in Russia appears to be very unfortunate. Dr. C. Yaroshevski, in the *Russkaya Meditsina*, states that, though the number of doctors in proportion to the population is very much less than in other European countries, yet the destitution amongst them is alarming. Of late there have been numbers of suicides of medical men who were without the bare necessities of life. The fees for medical attendance are very low. There are, he says, 18,000 doctors for a population of one hundred millions, or one medical man to every 6,500 persons. In Odessa 40 per cent. of the whole population, and 94 per cent. of the very poor, are stated to have died without having had medical attendance. A similar state of affairs exists at Kostrome. Dr. Yaroshevski attributes this deplorable condition of things to the ignorance of the Russian people, who prefer to consult sooth-sayers and magicians, to the monopoly enjoyed by the pharmacists, and to the large number of Feldshers who are allowed to practise. The Feldshers are generally men who have served in the Ambulance Corps or have been hospital attendants, and on the strength of this slight knowledge they are licensed to practise.—*Brit. Medical Journal*.

ASIATIC CHOLERA.—A communication of considerable importance on the subject of Asiatic cholera was made to the Royal Society of Edinburgh on Monday, December 17th. The paper, the joint work of Dr. Neil Macleod, Edinburgh, and Mr. Walter J. Miles, F. R. C. S., was read to the Society by Dr. G. Sims Woodhead. The work was in part carried out in Shanghai and in part at the Royal College of Physicians' Laboratory, Edinburgh. It had for its object more especially the testing of Koch's statements regarding the comma bacillus. It was found possible to demonstrate the bacillus in forty out of forty-four cases of cholera, of which thirty had terminated fatally. The conclusions reached by the observers are as follows: 1. The comma bacillus of Koch is invariably present and associated with certain

\* *Leçons de Clinique Thérapeutique*, t. 2, p. 647.

† *Medical News*, May 5, 1888, p. 490.

changes in the small intestine in cases of Asiatic cholera. 2. There is no evidence to show that it is a normal inhabitant of the human alimentary canal, and therefore no proof of the assertion that it is a result of the disease. 3. The means used to introduce the comma bacillus into, and those used to lessen the peristalsis of the small intestine of the guinea-pig, cannot be regarded as causing appearances like those of Asiatic cholera, or as causing the death of the animal, far less a mortality of over 60 per cent. 4. Pure cultivations of the comma bacillus introduced into the stomach under certain precautions described are pathogenic to the guinea-pig. 5. Injected with similar precautions, the contents of the ileum from these animals killed by injection of pure cultivation of the bacilli act in the same manner as pure cultivations of that organism. 6. The organism multiplies in the small intestine of the animal, and there are associated therewith changes similar to those in man in Asiatic cholera. 7. As there are conditions which favour the passage alive of the bacillus through the stomach of the guinea-pig, and also conditions which favour its multiplication in the small intestine of that animal so in man there cannot be a doubt that the organism finds conditions favourable to its entrance alive, through, in all probability, the mouth and the stomach. There is strong evidence, therefore, for regarding the comma bacillus of Koch as the cause of Asiatic cholera.—*British Medical Journal*.

#### DISINFECTION OF SURGEONS' HANDS.—

A great deal has recently been said about surgeons' nails and nail-brushes in hospital wards. Bacteriologists have come to the conclusion that the usual washing of the hands with weak antiseptics is quite efficacious in killing pyogenic and specific germs on the hands, but does not destroy micro-organisms which lodge under the nails. Dr. Fürbringer, of Berlin, believes in washing the hands with soap, then in alcohol at 80° F., then in a sublimate solution. The alcohol is said to soak well into the nails, Drs. Roux and Reynès have

tried experiments with alcohol on nails purposely infected. In 40 cases where the infection was experimental, and carried on in a laboratory, asepsis was proved in 33. In 8 cases where infection was clinical, the hands being washed in the usual manner after touching infected fluids in wards, only 4 were proved aseptic after the above elaborate system of washing. Drs. Roux and Reynès nevertheless advocate this antiseptic ablution, noting that the nails are seldom so thoroughly rubbed after every operation as when an experienced physiologist cleans them after some special experiment. In all cases of enforced sanitary measures routine practices and habits must be taken into account.—*British Medical Journal*.

EXPERIMENTAL NEPHRITIS.—Gaucher ("Jour. des soc. sci.," No. 3, 1888) recognizes, besides the usual causes of the large white kidney, an internal toxic cause, which develops insidiously in the organism itself, and enables us to determine the real ætiology. The incomplete oxygenation of the nitrogenous substances yields different extractive matters which poison the organism. The same conditions, experimentally established by the author, have shown the toxic action on the kidneys. Gradually increasing doses of aqueous solutions of creatine, leucine or tyrosine, xanthine or hypoxanthine, were introduced subcutaneously in guinea-pigs. The animals presented albuminuria, and died of toxic doses of these substances. The post-mortem revealed the true white kidney. The accumulation of the extractive matters in the blood irritates the secreting epithelium, and generates parenchymatous nephritis. Parenchymatous affections of the liver, according to the author, which interfere with the nitrogenous metabolism, present favorable conditions for the occurrence of the large white kidney. The unassimilated nitrogenous substances accumulate in the blood, and this explains the frequent occurrence of albuminuria in cirrhosis of the liver. The author produced experimentally the noxious action on the kidneys of these materials in chronic wast-



ing diseases where metabolism is interfered with. An excessive introduction as well as production of extractive materials, the author states, suffice to produce a large white kidney; and if the kidneys were previously irritated, the lesion will necessarily be aggravated. From the therapeutical point of view, it is said, great danger is offered to nephritic patients by any of the meat preparations and broths; for cases with kidney disease, these are poisonous solutions. The same is true, even for healthy persons, of all meat extracts concentrated broths, and meat powders which contain, besides potash salts, all the excrementitious, materials referred to.—*New York Medical Journal.*

### Medical Items.

London contains 4,000 medical men.

A school of surgeons has been established at Rome, Italy.

Casper Wister, M.D., of Philadelphia, died last month, in the seventy-first year of his age.

The death is announced of Dr. Carl Zeiss of Jena, the maker of the well-known Zeiss microscopes, at the age of seventy-three.

Small-pox is still prevalent in Eastern Sicily. From the 13th to the 16th inst. there were ninety cases in the province of Messina alone, thirty of which occurred in Barcelona.

Dr. Leopold Wittelshöfer is about to retire, on account of his health, from the editorship of the *Wiener Medicinische Wochenschrift*. He will be succeeded by Dr. Heinrich Adler.

A French court has decided that when the master calls a physician to attend a servant, the master is responsible for the payment of the bill for services rendered.

Over 200 deaths from diphtheria are said to have occurred in the vicinity of Albuquerque, New Mexico, in the first two weeks of December. The breaking-out of small-pox has caused much additional alarm.

A Boston tenant has sued his landlord and has recovered \$5,000 damages because of defective drainage in the house he occupied, whereby the plaintiff's family were made ill with diphtheria.

At a meeting of the Imperial Royal Society of Physicians of Vienna held on Friday, Dec. 7th, Professor Billroth was elected President of the Society in succession to the late Prof. Bamberger, by 137 votes out of 140.

The death is announced of Professor Roser, the eminent surgeon, and for many years one of the leading members of the medical faculty at Marburg University. The deceased, who was 71 years of age, died from the effects of an apoplectic seizure.

The next meeting of the Electro-Therapeutical Society will be held in the Physical Laboratory of Johns Hopkins University, on next Monday evening, January 7, at 8 o'clock. Dr. G. A. Liebig, Assistant in Electricity and Chief of the University Electrical Testing Bureau will deliver a lecture on "The Induction Coil, and Storage Battery."

It has been decided by the Professorial Senate of the University of Vienna, that Balneology shall be recognized as a special "discipline" or subject of instruction, a report favourable to its admission into the category of recognised subjects having been presented by Dr. Seegen, who was deputed to inquire into the matter. Dr. Clar, *privat-docent* in Balneology in Graz, has been admitted to a similar position in Vienna.

The Journal of Cutaneous and Genito-Urinary Diseases, beginning with the number for January, 1889, will be published by D. Appleton & Co. The editor, Dr. Prince A. Morrow, has associated with him in the editorial management of the journal Dr. John A. Fordyce, who brings with him a ripe experience in dermatology, and whose work will enhance the value of this popular and highly instructive journal.

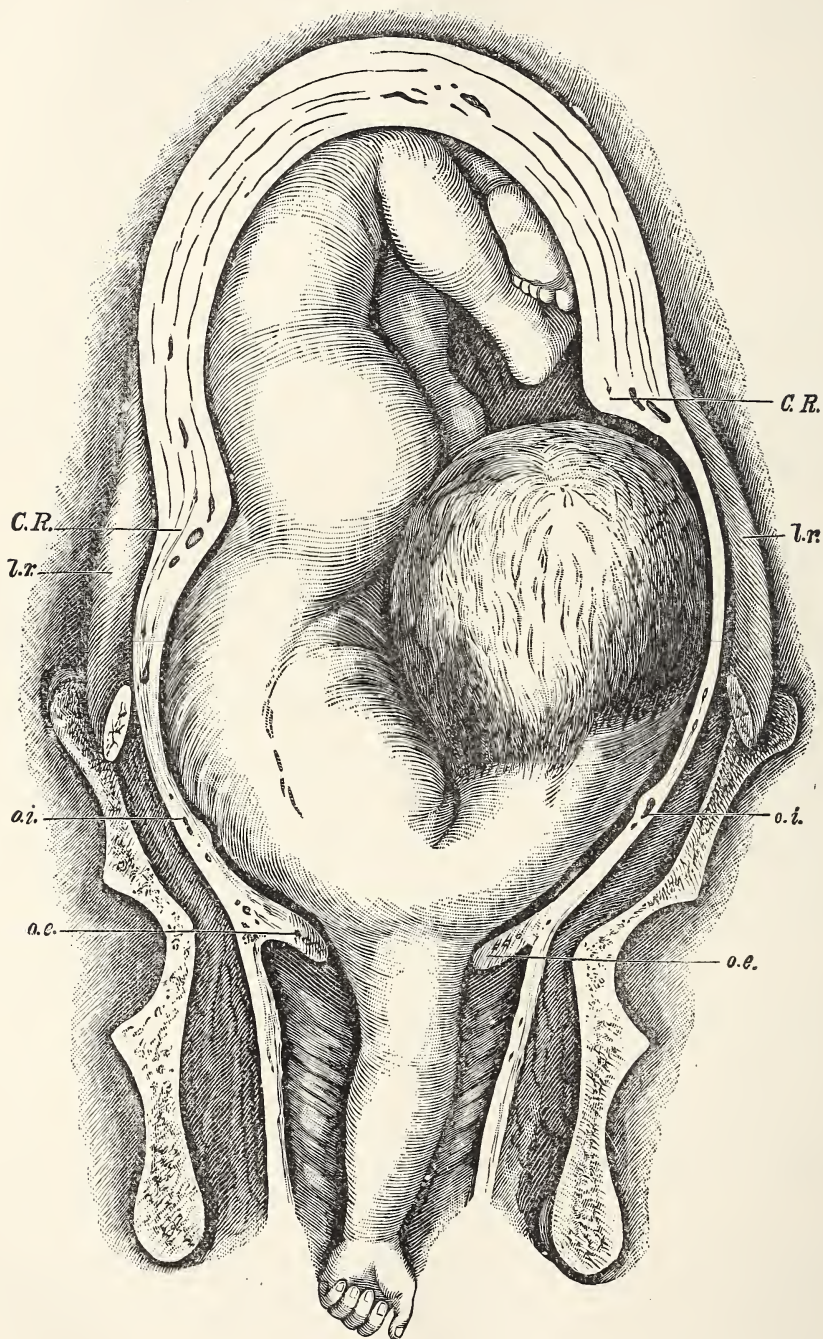
Nearly all large cities have Polyclinics, thus demonstrating the shortcomings of the several medical colleges. We regret that the necessity for them exists, but as the necessity is upon us we rejoice that it is being met by the enterprising among doctors. There is no doubt that they will continue to increase and multiply till medical education in the medical colleges is altogether what it should be.—*American Lancet.*

At the University of Vienna a considerable number of American students registered at the opening of this year's session of the medical school. The *Lancet*, November 17, states that there were seventy English-speaking students, "most of them American," and that some of the courses are given in English. The *Vienna Weekly News*, the only paper published in English in that city, has a column devoted to the interests of the medical students.

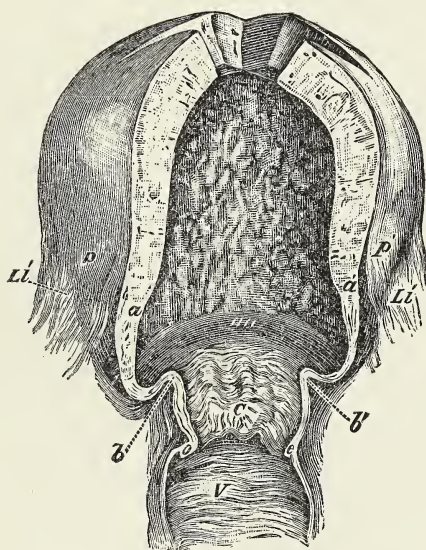
In commenting upon a suit for damages brought against a physician by the parents of a child which died after taking a mixture containing antipyrine and sweet spirits of nitre, which was prescribed by the physician, the *National Druggist*, November, 1888, declares that the crystalline deposit (isonitroso-antipyrine) produced by the union of these two agents is not poisonous. The editor says he has tested its toxicity upon himself as well as upon the lower animals.







SCHROEDER: Bandl's Ring in case of threatened rupture. Cervical walls and lower segment of uterus distended and thinned.



BARNES: Softening of lower segment in Barnes' zone of danger between lower edge of medulla (Savage) above and os uteri internum below.





Original Articles.

TETANOID FALCIFORM CONTRACTION OF THE UTERUS.

(R. P. HARRIS.)

ANTEPARTUM HOUR-GLASS CONTRACTION OF THE UTERUS.\* (HOSMER AND SMITH).

BY GEORGE W. MILTENBERGER, M.D.,  
OF BALTIMORE.

Professor of Obstetrics, University of Maryland.

On the evening of October 19th, 1887, I was called by my friend Dr. H. M. Wilson, a most skilled and experienced accoucheur, as we all know, to see with him a case of labor, some six or eight squares from my office, and immediately responded. From the statement of the messenger I expected to meet with a case of difficult delivery in a primipara, but on entering the chamber of Mrs. — I was horrified on meeting the doctor, to be told that his patient was dying and to see a large, finely developed woman, 27 or 28 years of age, in the very agony of death. Total unconsciousness, two or three gasping respirations, a faint beat or two of the heart, when all was still and the scene closed, I immediately listened for the sounds of the foetal heart, but not a throb responded mother; and child were both dead.

The doctor and the husband requested me to at once deliver the child, and learning that the doctor had already made a fruitless endeavor with Simpson's and later Tarnier's forceps, and knowing thoroughly his experience and skill, and being told that with the instrument he could bring the vertex down to the vulva, but the moment traction was relieved the head flew back above the superior strait, I realized the inutility of their employment, and proceeded to perform version.

It was the first time in an experience of nearly fifty years that I had been

called to deliver a dead mother of a dead child, and hope never again to be subjected to a like ordeal.

Upon introducing the right hand, supporting the fundus uteri with the left, I found a vertex presentation, R. O. I. A. position, head above the superior strait.

The os was perfectly soft and dilatable not offering the slightest resistance, head movable, cervix soft and relaxed, not thinned nor distended, no strain upon the structure whatever. With the external hand I found nearly up to the umbilicus of the mother, a deep furrow upon the external surface of the uterus corresponding to the so-called ring of Bandl, the contraction ring of Schroeder, the retraction ring of Lusk, the organ above this line being firmly contracted and retracted. The internal hand readily passing the head, met with a ring or constriction, corresponding to the external furrow, entirely too high for the internal os uteri, surrounding, most closely and tenaciously, the neck of the child, the head below in the soft, relaxed and not distended or stretched lower segment, the trunk in the contracted and retracted portion above. This band or constriction was as firm and resistant as a *rope of steel*. I could with the most determined effort force the points of one or two of the fingers between this and the neck, but for a time no further. I certainly never had felt anything like it before, but recognized the condition called by that eminent authority, R. P. Harris, Philadelphia, "Tetanoid Falciform Contraction of the Uterus, and Dr. Hosmer and Dr. Thos. C. Smith of Washington, D. C., Antepartum Hour-glass Contraction of the Uterus," in the latter's valuable resumé of these cases in the *American Journal of Obstetrics* Vol. XV, November, 1882. I, for a time, feared I would be foiled, but after a most determined effort, I finally succeeded in passing it and ultimately reaching the foot. Still the resistance did not entirely yield, and it was only after further powerful and persistent effort that the constriction yielded and I was enabled to turn and extract. I am convinced that I could not without injury have succeeded during life. The pla-

\*Read before the Gynæcological and Obstetrical Society, of Baltimore, December 11th, 1888.



centa was then removed without further difficulty.

I then learned from Dr. Wilson the previous history of the case. Five days before the membranes had ruptured, and waters had been discharged.

On the morning of the 19th, he was called at 6 a. m. found pains of first stage, soft parts of pelvis relaxed and well lubricated, vertex presenting R. O. I. A. position, as far as he could determine, the external os still closed. Upon returning in two hours at 8 a. m., os was dilated to size of a dime, edges soft and thin and he then remained with her uninterrupted until the fatal close, so that she was constantly and closely watched, and every possible attention and care bestowed. Everything seemed to progress favorably, with occasional, but not inordinate nausea and vomiting. The advance was slow and gradual, and about 5.30 p. m. the os was sufficiently dilatable to apply the forceps, which was cautiously and carefully done. Simpson's were first used, there being no difficulty in their adjustment. No advance however, could be effected and they were removed and Tarnier's applied. With the latter, he could cause the caput to appear at the vulva, but when the pressure was relaxed, it would instantly recede to its former position.

It was at this juncture I was sent for, and the doctor finding her pulse failing resorted to all means of resuscitation, but she died in about 30 or 40 minutes. The patient had had chloroform administered at the height of her pains, previously to the use of the forceps, but only to the obstetric degree, not to full anæsthesia or unconsciousness. With the application of the forceps, full anæsthesia was induced and maintained, yet the obstruction was not in the least overcome or affected, and even after general or somatic death, the steel-like band remained apparently, and certainly practically, as persistently contracted as before. And this has been the history of nearly all these cases as yet observed. In Dr. Baltzell's case one of the first on record in this country occurring in Frederick County, Md., the woman had been twice freely bled, forceps had been

repeatedly used, version had been attempted, and yet, at the autopsy 4 hours after death, the constricting ring was still hard, firm and unyielding.

This whole case is replete with interest and at every point. In the first place, up to 1882, the date of Dr. Smith's paper, he had found on record and authentic, 33 cases, occurring in 30 women; in the second place, they have all, or nearly all occurred in the hands of obstetricians, of acknowledged skill and experience, very many of them having been under the observation of recognized masters in the art; in the third place, they have resisted very generally the most enlightened and persistent efforts at relief; in the fourth place, the mortality has proved appalling, in 33 labors of 30 women, 8 women and 25 children were lost, 3 women dying undelivered of the whole number 7 were primiparæ, of whom 4 died.

The mere mention of some of those who have treated and recorded these cases, suffices to show that every thing which intelligent knowledge could effect was done. Drs. Hosmer and Stone of New England, Dr. T. A. Reamy of Cincinnati, Prof. Elliott of New York, Prof. J. Y. Simpson of Edinburgh, Drs. Tabor Johnson and T. C. Smith of Washington, D. C., Angus McDonald and others. Forceps, version, V. S., opium, to full extent, chloroform to surgical anæsthesia repeated and continued, craniotomy have all been resorted to, and all with like result. And even where these means or greater part had been used, in more than one case, as I have said, the unyielding bone-like or steel-like structure, has persisted even after death. The character and history of these cases, has led to their being termed by Harris, "Tetanoid Falsiform Contraction of the Uterus," by Smith and Hosmer, "Ante-Partum Hour-glass Contraction of the Uterus." Their whole history is that of spastic contraction. This could only occur in muscular structure, and the question immediately arises as to its seat, whether, as believed by Hosmer and others it is at the internal os, or whether, as more generally believed, it is in the muscular

structure above that point. In the majority of cases, the observers have stated it was at a point too high to correspond to the internal os, even at times, by those who have doubted, whether any such condition as post-partum hour-glass contraction ever exists. So acute and experienced an observer as Dr. Reamy says of one of his cases. "It seemed certain that the band of constriction did not pursue a direction corresponding to the os internum." In the case of Dr. Arnold of Roxbury, Mass., "the constriction was about the upper third of the uterus, encircling the child and inclosing its hips and lower extremities." Dr. Gray states of his case, seen in consultation, "the uterine contraction was not that of the os uteri but existed above it. In this he could not be mistaken."

One of the most important and satisfactory instances, is that of Dr. P. R. Shaver of Stratford, Ontario. It was a case of twins, and he states and reiterates "that one child and its placenta were distinctly contained in the lower compartment, the second child and its placenta in the second and upper compartment above the stricture. Now as a child and placenta could not have been contained and going on to term in the cervical cavity, the seat of constriction could not have been at the internal os. In the case I now report the constriction was certainly too high for the internal os.

Where then could it be?

These cases differ from those of Bandl, for the history and etiology of which, we owe him so much in connection with rupture of the uterus. In cases of rupture almost uniformly we find some mechanical resistance to the progress of the child, in advance of it, by contracted pelvis, by mal-presentation of foetus, by too large size physiological or pathological of the latter; we find the lower uterine segment elongated excessively, thinned until almost like paper, stretched and distended to the utmost and ultimately ruptured. In these the obstruction is above the lower uterine segment, clasping some part of the child, the inferior segment itself soft, yielding, not

thinned, not stretched and rupture not occurring. I cannot see, that it can occur elsewhere than in the musculature of the body of the uterus, entirely above the os uteri internum, and constituting a true ante-partum hour-glass contraction. If then it is in the body of the uterus, can we determine its special seat and mode of production? Dr. Smith quotes Dr. Parish of Philadelphia, in a discussion of post-partum hour-glass contraction in 1879, as saying: "Professor H  lic has demonstrated the existence of bundles of fibres running obliquely from either side of the body anteriorly and posteriorly to the fundus." Professor H  lic states, that a spasmodic contraction of these fibres in one half of the uterus would divide the uterus into two compartments, one of these being that portion of the cavity into which either Fallopian tube opens, *i. e.*, "the infundibulum," and the other compartment being the rest of the uterine cavity. Professor H  lic states that he has twice verified this by most careful digital examination, and, in each case, had to dilate the closely constricted portion to remove the incarcerated placenta."

Continuing, Dr. Parish goes on and states:—"I have been informed by Dr. R. G. Curtin that, in C  sarean section performed by himself, a sulcus, transverse in direction, was seen to come and go in the body of the uterus. This sulcus, in the external surface, was evidently due to contraction of bundles of transverse fibres in the middle of the body, for after the uterine incision had been closed, there was noticed an irregular gaping of its edges at the time of the formation of the transverse groove. A spasmodic contraction of the fibres that produced this shallow furrow, could have undoubtedly produced a marked hour-glass contraction of the body of the uterus. There was no abnormal alteration of tissues in the uterus. "This furrow seen by Dr. Curtin was evidently the so-called Ring of Bandl, which I have more than once felt and seen.

In the case of S  nger's operation by Dr. Neale in 1887, this furrow could be plainly seen through the abdominal



walls by the most superficial observer. The oblique fibres so well described by Professor Héric, will not account for this furrow, or for the condition to which I have called your attention. To probe this matter a little further, I must beg your patience for a time, while we examine a fragment of anatomical and physiological history, which may throw some light upon it, and I am the more disposed so to do, as our textbooks are not very clear upon these points, and as I know that the views, not only of students but of practitioners are too frequently obscure and their knowledge but partial, taking words for things.

Although as far back as the 17th century, some as DeGraaff 1671, Verhagen 1701, Weitbrecht 1750 held that the cervix remained unchanged until the end of pregnancy, Roederer in 1753 asserted the expansion of the cervical canal, and shortening, advancing regularly from above downwards and commencing as early as the six month. This continued the prevailing doctrine until 1826, when Stoltz insisted that the cervix was unchanged in length until the last fifteen days of pregnancy, and then the internal os opens, the cervical canal dilates from above downwards, and the cervix is gradually effaced, softening beginning below and extending upwards, shortening beginning above and extending downwards. In 1862, I. E. Taylor, N. Y., made some important observations showing that the cervix did not shorten, at least in many instances, until the inception of labor. W. Braune, in 1872, followed by Bandl, in 1876, and A. Martin, 1877, returned to and revived the old doctrine of Roederer. Braune saw in the frozen cadaver of a woman dying during labor, the lower segment of the uterus very much thinned, and above this thinned portion, a determined wedge-like muscular ring projecting into the interior of the uterus, the ring of Bandl, which he locates at 4 to 6 inches above what is generally recognized as the ring of Müller. Now this ring of Müller is the os internum, while above this is the aforesaid wedge-like projection of Braune or

ring of Bandl, or the second os internum of Scanzoni, between the body proper and the lower segment of the uterus. Braune and Bandl teach that during the last ten weeks of pregnancy the lower segment of the uterus and the upper part of the cervix soften, the latter dilates and permits the entrance and descent into it of the lower part of the ovum, thus forming what has been termed the cervico-uterine canal of Braune, the wedge-like ring above being the real os internum, this dilated portion being the cervical canal at its upper part, and therefore that the cervix does shorten during pregnancy. Scanzoni, Müller, Barnes, Holst, Schroeder, Duncan, Taylor, Spiegelberg, Hoffmeier and others have proved that the os internum does not as a rule, open before labor, nor the neck shorten. The latest examinations upon this subject are by Hoffmeier and Benckeiser, 1888, who fully sustain this view. They show by their sections of uteri unimpregnated and pregnant, that the uterus is divided into three parts or segments, the upper part of the body, the Barnes' zone, just above the neck and the cervix. They, I think, have demonstrated that the cervix, as a rule, does not open above or shorten until labor sets in, that above the os internum the lower zone is narrow in the unimpregnated organ, differing in histology and structure from the cervix, and from the upper part of the corpus. The cervix retains all its characteristics up to labor. In the latter months the lower zone thins, dilates and between this and the upper zone is found the ring of Bandl. All these latter find the os internum evident at time of labor, and Bandl's ring entirely above it.

What then is this so called ring of Bandl? It can only form at the junction of the thickened wall of the corpus uteri, with its middle or medullary layer, as described by Savage, with the lower segment which is so much thinner. Both the fundus and the lower uterine segment are materially thinner than the intermediate portion. The latter is often two or three times as thick as the lower segment. The effect of contraction then would be felt particularly in the disten-

sion of this lower segment. The tissues there are thinner, fibres are more nearly longitudinal, and therefore offer a weaker resistance. The weight of the ovum, when the woman is erect, presses upon this part, and the action of the abdominal muscles is transmitted in this direction. Barnes has worked out practically the same thing with regard to his cervical zone or zone of danger, in connection with the natural history of placenta prævia.

The ring of Bandl and of Braune is certainly not the internal os, and it can only be found and formed at and by the lower edge of the medulla, where this plexiform layer thins out and loses itself in the cervical segment. Barnes' specimens distinctly show this well defined lower segment, which is clearly distinguished from the body above by three features: 1. It is thinner. 2. The muscular structure is less marked. 3. It is less rich in vessels. This lower segment is divided from the body by a more or less marked ridge, which goes all around the uterus, Bandl's ring. From this ring upwards the walls of the organ begin to be richer in vessels, the wide lacunæ of the middle layer begin, and corresponding to this line on the outer wall, larger vascular trunks run in and out of the uterus. This boundary between the body of the uterus and its lower segment is easily felt in the living organ at the level of the pelvic brim, and has been called by Lahs "the pelvic brim ring or stricture." It can be felt on introducing the hand to practise version, and often when the hand is introduced to remove the placenta. One again sees the difference in structure in the two portions, in well-developed uteri which have been some time steeped in alcohol, the middle medullary layer of the body of the uterus ending in a point downwards, between the inner and outer layers of the lower segment. The marked development of this lower segment begins at a date not exactly determined, but the walls are observed to become softer towards the seventh month. The title, "Pelvic brim ring of Lahs" would not be very precise, the name of Bandl's or Braune's ring would not ex-

press the truth as they both consider it the os internum. The better name would be the contraction ring of Schroeder, or the retraction ring of Lusk, as it is at the junction of the corpus with the lower or cervical zone, at the level or line where the middle, thick or medullary layer ceases, and when in obstructed labor it becomes largely displayed as when rupture is threatened, when it is evident to palpation through the abdominal walls, and even to the sight, as I have seen it, and more than once, it is clearly due to this extent to the contraction and retraction of the upper thicker walls of the body of the uterus. In the light then, of thorough examination by the most competent observers, and of practical experience, we are forced to the conclusion that this seat of the constriction is the lower edge of the medulla, the so-called ring of Bandl. As yet we are not able to trace or determine the disposing cause for its appearance. It is true that in a considerable proportion of the cases recorded the waters have been early, and in some long evacuated. But we know how often this occurs without such result, and in many of these cases it did not present. In Bandl's cases of rupture or threatened rupture, to which he particularly and so intelligently called attention, this constriction or hour-glass contraction was situated at the same point, the wedge or ring was produced at the same site and in the same manner, and there was always an obstruction before the presenting part of the child, when of course the contraction of the medullary and fundal portions of the uterus, with their retraction, must produce this effect; and the cause is evident and at once appreciated. In this category, however, there is generally no such obstruction and the producing cause, so far eludes our grasp. It is certainly, however important, to learn and determine its true seat and character. Nor is this question one of simple, theoretical interest, but one of the utmost practical import as to the treatment.

With the inefficiency of the treatment heretofore employed the question would very naturally arise, and it has been suggested by Harris and Hosmer, whether



we should not resort to Cæsarean section (Sänger's). If we take it to be at the internal os, this almost settles the question at once, as it would violate one of the fundamental laws of that operation; to respect, in our incisions, the cervix.

Apart from this, however, we have the difficulty and delay in diagnosis. The only general symptom in these cases, has been the early discharge of the liquor amnii, by no means followed necessarily or usually by this result. After this we have only the delay, until by this we are led to attempt extraction by one or another mode. Here, however, would come into strong relief the precious results of systematic external exploration by palpation, so useful, so pregnant with information, unfortunately so systematically neglected. If by palpation we detect Bandl's Ring we know there is danger imminent, we know we can not longer delay and wait, we are told at once that the period of expectancy has passed. It may portend rupture, it may be this hour-glass contraction and in either case we must take the labor and at once into our own hands. But upon this external examination alone we should not found our absolute and special decision. This could only be done upon thorough internal exploration and the detection of the constricted ring. But trusting to internal exploration alone, we find the head movable at the superior strait, (there were only two cases of breech presentation), the os soft and dilatable, the cervix not thinned nor stretched, and almost intuitively and instinctively the practitioner would apply the forceps and then only learn the impossibility of extraction. The hand then introduced beyond the head, probably if the obstetrist were ignorant of this condition with the intent to turn, would find the fatal steel-like band. If the attendant be aware of the possibility of this accident, if by palpation he discovers the Contraction ring or Retraction Ring, he would at once pass the hand above this presenting part and if he finds the Ring learn at once with what he has to deal. Now if this were at the os internum Cæsarean section would be almost forbidden or at

least its hazards would be vastly increased; if it be found situated where I have stated, and where I am sure it is with the inefficiency of all the means heretofore employed, I deem the modern Cæsarean section would find its place, as in cases of threatened rupture, where the obstruction in advance of the child could not otherwise be removed.

Up to 1882 Dr. Harris, whose opinion is of so much weight and value that I should hesitate long before differing with him, was disposed to take this view but not until turning had been attempted.

But from all that he has later so well taught as to the propriety and superiority of early operation, and the great disadvantage of prolonged or active manipulation before the use of the knife, I think he would speak more positively as to the advisability of the early operation after a diagnosis were once certainly made.

This imperfect resumé of facts, for facts they are, upon this so important structure, justify us I think in coming to certain conclusions.

1. That a true "Hour-glass Contraction of the Body of the Uterus," (Smith and Hosmer) a "Tetanoid Falciform Contraction of the Uterus," (Harris) does occur during labor, and constitutes one of the most serious difficulties of the process.

2. That by palpation it may be detected in a large portion of these cases.

3. "Clinical facts demonstrate that the segment of the uterus below the stricture is in a relaxed condition, and only in exceptional cases is thinning thereof to be recognized," (Smith).

4. That from anatomical and post-mortem examinations most carefully conducted by most astute and reliable anatomists and pathologists, supported by clinical observations of the most searching character by obstetrists, acknowledged as masters of the art, this ring or contraction, the ring of Bandl, the contraction ring of Schroeder, or the retraction ring of Lusk, is not at the internal os uteri, but above the lower segment, the cervical zone of Barnes, at the lower edge of the body of the uterus, or of the medulla of Savage, and is produced by the

contraction and retraction of this upper part of the body.

5. That this fact once established while we can not yet positively formulate their treatment, their mortality has been so large and the success of the modern Cæsarean section has been so great, that it speaks strongly in favor of the latter.

One word in conclusion in connection with the case of Dr. Wilson, I have been asked, whether in view of the history of this case, there might not have been a rupture of the uterus. Having this possibility in view, after my recognition of its character, I most carefully, in my manipulations, examined every part of the organ and can state positively that no such lesion existed.

Hemorrhage certainly was not the cause of death. It may have been due to embolism, but in the absence of a post-mortem, we would not be justified in such an assertion.

In the 30 women whose cases were collected by Dr. Smith, there were three cases of contracted pelvis 1 of shoulder presentation and 1 of fibroid before the child, partly filling the pelvis.

In only one case was the cervix thinned, and that was reported by Bandl, being a face presentation.

There was one case of rupture [case xv] but the reporter states, an amount of force was used, which under other circumstances would be unwarrantable, and that external pressure was made over the head, the rupture being a bruised laceration at this point where pressure had been made upon the head in the attempt at version.

#### ADDENDA.

It is of interest and importance to note that these various anatomical details have been worked out without reference to this special accident.

Since writing the above two interesting cases have come to my knowledge; the one at full term reported by Dr. S. T. Earle, of Baltimore, the other at six months by Prof. T. A. Ashby. One mother lost, and both children.

Results of new Cæsarean Section; Säger; by Dr. Harris Sept. 1886. Medical News:

In Germany 84 per cent. of women saved.

In Austria 50 per cent. of women saved.

In Italy 50 per cent. of women saved.

In France 100 per cent. of women saved, only two cases.

Potocki, in June 1886, gives the following table of operations done at Dresden and Leipzig:

10 by Leopold and his assistant Korn, and 6 by Säger and his assistants Obermann and Donat. 15 recoveries for mothers—93.7 per cent., 16 children living—100 “ “

If we add to these 3 cases at Innsbruck, all of which were successful, we have 19 operations and only (1) one woman lost.

Caruso gives us the very latest, data of the new Cæsarean operation: Up to October 1st, 1888, comprising 135 cases six successful cases in addition, are known to Caruso, but the details necessary for publication were lacking.

The results are 74.44 per cent. of recoveries among mothers in all cases, and 91.73 per cent. recoveries among children.

The mother has three chances out of four, and her child nine out of ten for life with this operation. What a contrast with the results of these cases in this paper, in 36 cases occurring in 33 women, 10 mothers and 28 children were lost.

#### FOR DYSPEPSIA ACCOMPANIED WITH PALPITATION.—

Ry.—Compound tincture of cardamon, . . . 3 ij.

Aromatic spirits of ammonia 3 ij.

Bicarbonate of soda, . 3 j.

Infusion of gentian q.s. 3vj.—M.

Sig.—One teaspoonful when required. —*Revue de Thérapeutique*, December 1, 1888.—*Medical News*.



## ON THE USE OF ACETANILIDE IN CERTAIN FORMS OF NEURALGIA,\*

BY C. O'DONOVAN, JR., M. D.,  
OF BALTIMORE.

I believe that the antipyretic effect of acetanilide is acknowledged by all investigators. That it will reduce temperature promptly, though its effect may be but transitory, cannot be gainsaid, nor are there to be anticipated those very unpleasant effects that sometimes follow the administration of antipyrine. These advantages are well known, but it may not be so well known to those who are too busy to follow closely the current medical literature, that there is another use for acetanilide, in which its action is equally as prompt as when it is used as an antipyretic, giving relief to a class of cases that is most clamorous in its demands, and very difficult to satisfy. I refer to those who suffer constitutionally from neuralgias, whose lives are rendered miserable by the presence or dread of this disease. In properly selected cases from this category, acetanilide is a most efficient medicine, giving relief almost instantaneously, and readily breaking up completely a severe attack after a few doses have been taken; such attacks as would, in the usual course of the disease, have persisted for two or three days. Even in those cases where the neuralgia might be traced to some cause, situated outside of the nervous system, those in which the neuralgia is rather a symptom than the disease itself, even there I have seen the remedy cause great alleviation of suffering, though, naturally, the relief would be but temporary, and the suffering would return, perhaps become even worse, when the effect of the acetanilide would have passed off, until the true cause had been ascertained and removed. It is in neuralgias pure and simple that its use is especially indicated, its effect being almost certain, and lasting long enough to enable one to begin a systematic course of iron, or some alterative, before a

return of the attack. Thus, in the case of an anæmic young girl of twenty who had been subject to periodic attacks of intense frontal neuralgia, accompanied, though not caused by, derangement of the stomach, with severe nausea and vomiting, and who had tried many remedies without alleviating, or even shortening, the attacks, I was enabled to relieve the pain after two doses of the acetanilide, and beginning then a course of iron and tonics have heard nothing since of a return of the trouble. This case is but a type of a class constantly to be met with, and requiring very careful handling, as, when we first meet them, they, most probably, will have passed through the hands of many physicians, and naturally be suspicious of treatment, expecting little or no relief; if then we possess a remedy that will alleviate suffering, without bad after effects, and one that is adapted to the use of patients naturally delicate and fault-finding, we may, by gaining their good will at the onset, put ourselves in a commanding position to battle with the disease. I have used it also in cases of neuralgia affecting the occiput and the muscles about the back of the neck, and have seldom failed to give considerable relief. Also in those brow-aches, usually associated with malaria, I have used acetanilide with signal benefit, combining it with quinine if there be any reason to suspect a malarial origin of the pain, without the quinine, if the history be free from that complication. Its use is likewise followed by excellent results in attacks of intercostal neuralgia and pleurodynia, especially when accompanied by more or less elevation of temperature, a full, throbbing pulse and beating temples, if given in five grain doses, to be repeated every three hours till the symptoms ameliorate. After a couple of doses have been taken the pulse softens, the pain subsides, and a gentle sweat breaks out over the skin, affording a comfortable sense of relief after suffering. In those numerous cases on the borderland between rheumatism and neuralgia, characterized by flighty pains of no great severity, but persistent and irritating, liable to vary from day to day, more or less affected by atmospheric

\* Read before the Clinical Society of Maryland December 17th, 1888.

changes, often yielding permanently to treatment with the salicylates, but frequently resisting this entirely, or being only temporarily benefitted, I have obtained more satisfaction from acetanilide than from any other remedy that I have used, its action being more prompt and less transient than that of other drugs. Cases in this class must be properly selected, for frequently the origin of the trouble is rheumatism, and in these the usual remedies must be tried, but, when these fail, or from some other cause we are led to the conclusion that the pain is purely neuralgic, then we may expect to derive benefit from acetanilide. I have also used it with success in slight attacks of sciatica, especially in the beginning of such attacks, and have obtained from it material benefit in some obstinate cases of the same disease, though its effect for good is less in cases of long duration. One case, I find recorded, of a woman, aged about 60, a nurse in a wealthy family, whose hampered life in a hot nursery made her prone to such attacks, and who suffered at intervals from severe spells of sciatica, that always followed exposure to cold, and ran usually a tedious course, lasting from eight weeks to four months before she could call herself cured. This woman sent for me last November, 1887, in a state of utmost anxiety, as she had recognized that one of her sieges had begun. So painful was her leg that I could hardly persuade her to walk across the room, and so apparent was her suffering that I had not the heart to ask her to repeat the experiment. I had her rubbed well with various liniments, gave her full doses of quinine and iodide of potash at intervals for a week, and, though she improved a little, she was still unable to leave her bed, and could get no rest at night, except when she used anodyne suppositories. At the end of the week I stopped all other medicine and ordered acetanilide in five grain doses, three times each day. She began to feel easier after taking the first capsule and was out of the house in a week. I saw her for the last time at my office, just two weeks from the time that she took the first dose of acetanilide, when she was entirely free from pain, and without any soreness or stiffness in the leg. She has had no return of the sciatica up to the present time. I relate this case more in detail to show the promptness of the action of the drug in those cases likely to be benefitted by it; it is only one of quite a number. I have obtained good results from it in cases of lumbar neuralgia that had stubbornly resisted other modes of treatment, the characteristic promptness of its action being as apparent in these cases as in the others mentioned, improvement having begun usually after the exhibition of the first dose or two. This relation of constant success with acetanilide must not seem too complete, or over sanguine, for it should be borne in mind, and upon this I wish to lay particular stress, that, unless the cases are properly selected, and are such as I have attempted to indicate, no good will follow the use of the drug. I have so far related only those that were correctly chosen, but often I was disappointed, before I had learned to discriminate between them, because I happened, when I began to experiment with the drug, to have in succession several cases that were of purely neuralgic origin, and because in each of them I met with success. I formed too high a notion of its good influence, and began to give it to many patients for ailments that I soon found needed other treatment, several having returned to report the complete failure of my much vaunted remedy, after I had made confident promises of speedy relief. It was this experience that taught me not to rely upon acetanilide alone, unless I could satisfy myself of the absence of any other cause for suffering except neuralgia. I say alone, intentionally, for though its effect is much less, and its use not so imperatively called for, yet as an adjuvant to remedies more appropriate, it gives satisfaction by its analgesic power. With this, however, we have nothing to do at present. I give this remedy always in capsules, in doses varying between three and five grains, to be repeated as often, and at such intervals, as I think necessary. I have never yet met with any unpleasant experience in the use of



the drug. I have seen it produce very profuse perspiration occasionally, sometimes too, a sense of lightness, or of giddiness, in the head, but never to an alarming degree, or even enough to produce serious discomfort to the patient, and whatever ill-feeling there may be lasts but a short time, and leaves no uncomfortable after-effects. I have never given the drug in larger doses than five grains, nor have I ever pushed it beyond easy tolerance, and within these bounds I have obtained such success with it that I am led to believe it to be a most valuable addition to the pharmacopœia.

### Society Reports.

#### THE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD DECEMBER 11, 1888.

The President, DR. THOS. OPIE, in the Chair.

#### ENCEPHALOID OF BREAST.

*Dr. Thos. Opie* presented a woman suffering from a rapidly growing encephaloid of the left breast, relating her history, and detailing the methods of treatment that had been followed up to the present time.

#### REMARKS ON DR. OPIE'S PAPER.

*Dr. T. A. Ashby*, said: In my experience with cancer of the breast, scirrhus is by far the most common variety. Of eleven cases which I can now recall only one belonged to the encephaloid variety. This was observed in a woman aged fifty, in whom the disease was first noticed about 5 or 6 months prior to date of my observation. It had made rapid development and involved the entire gland. The physical appearances of the tumor in Dr. Opie's case resembled a proliferating epithelioma, and the clinical history of the patient would point to the epithelial type rather than a neoplasm of the encephaloid variety. A microscopical examination will alone establish a correct diagnosis. Of the eleven cases, the youngest was in an unmarried woman 23 years of age, and the

oldest an old woman aged 73 years, who had been the mother of a large family of children. Scirrhus of the breast is a very rare disease in young women. Its appearance in an unmarried woman 23 years of age is therefore a striking circumstance. The tumor followed in the wake of a blow inflicted on the gland. It was small and was enucleated early in its development. There had been no return after an interval of two years.

*Dr. Miltenberger* thought, from the cystic feeling, that the growth was encephaloid, and stated that he has several times seen these tumors mistaken for cysts even by expert diagnosticians. To him the most interesting question was the duration of a malignant disease for 18 years, and the good condition of the patient. He thought that such could not be the case without having reduced her far more. On the other hand many will not admit that a benign tumor can become malignant as this seems to have done.

*Dr. John Morris* thought that the age of the woman might have something to do with the rapid proliferation of the tumor, and related some of his own experience in such cases. He advised removal, and gave reasons. The woman was no bleeder, evidently.

*Dr. L. E. Neale* had treated one case of encephaloid cancer (round cell sarcoma) and this was of the ovaries and pelvic glands. The tumor was rapid in its growth, and presented the same cystic sensation as Dr. Opie's case. This led to an erroneous diagnosis by four or five different physicians, including an expert consultant, thence to an operation for the removal of a supposed ovarian cystoma, and ultimately to death on the forty-second day after the operation. It was impossible to detect the true nature of the growth even after the abdominal walls were laid open. Hemorrhage was terrific.

He hoped his unfortunate experience would not deter Dr. Opie in the treatment of the case presented.

*Dr. G. W. Miltenberger* read a paper on

#### TETANOID CONTRACTION OF THE UTERUS.

[see page 201.]

*Dr. H. M. Wilson* thanked *Dr. Miltenberger* for his exhaustive resumé. Some points connected with the case made it very peculiar. The surroundings were all satisfactory, and nothing occurred to suggest any danger until the failure to deliver by forceps. Then noticing the strange appearance of the face, the inhalation of chloroform was instantly suspended. She soon came from under its influence. Hypodermics of brandy were repeatedly administered, but without the slightest impression on the fatal collapse which ended life in from 30 to 40 minutes. During this brief time every effort was directed towards sustaining life, and no opportunity afforded for further efforts at delivery. In his study of this case no explanation of the sudden collapse is satisfactory, except embolism, and this is only a conjecture as no post-mortem was had. No ergot had been used and but little chloroform. *Dr. Smith* of Washington, who wrote concerning the case, thought rupture of the uterus might have taken place, but positive proofs to the contrary were adduced by *Dr. Miltenberger*. Tetanoid contraction of the uterus is happily infrequent, but the collapse attending the case under discussion renders it unique as far as his experience or reading extends.

*Dr. John Morris* said, that were it not for *Dr. Miltenberger's* most positive statement, he should consider this a case of ruptured uterus, it is in every particular a history of such condition. With the ring of Bandl he had been acquainted long before it had been so named, every obstetrician has met with it, but he has been accustomed to hear it called "the hour-glass contraction." He could not understand the death of this woman, nor the tetanoid contraction, such a condition he had never seen. She had no hemorrhage, and was not exhausted. The only theory that he could advance was an embolism.

*Dr. T. A. Ashby*, said: I have listened with great interest and profit to the paper read by *Dr. Miltenberger*. He has treated the subject so thoroughly that nothing has been left for discussion. The paper suggests an experience which

corresponds with that related in the paper. Its recital in this connection will not be out of place. On the 10th of September, 1888, I was requested to go to the country to see the wife of a medical acquaintance living in Anne Arundel county. I was advised to come prepared to remove a retained fœtus. Upon reaching the house I found the patient, a primipara, about 22 years of age, in the following condition. Twenty-four hours previously, without known cause, labor pains came and she partially expelled a six month's fœtus. Her husband had attempted to remove the fœtus, but finding that he could not do so desisted, and called on me for help. I found the fœtus enclosed in the amnion, presenting with its head external to the vulva. Attempting to remove it it was found firmly grasped by the uterus as if in a vise. The finger could be passed around the head and shoulders and up into the uterus, the cervix being open and dilatable. There was no opposition to its expulsion from the pelvic canal, but it was firmly caught around the abdomen by a tetanic contraction of the uterus at the ring of Bandl. In this condition it had remained for some hours, the patient having lost all expulsive power. In an attempt to remove the fœtus its head nearly parted from its body, and the uterus was drawn down to the vulvar opening. After some effort I succeeded in removing the entire body, but the constriction ring contracted so firmly that the placenta was held in the uterine cavity. The finger would not overcome the constriction and it became necessary to introduce the curette and remove the placenta piece meal. The patient bled profusely and came near perishing from hemorrhage before I could remove the placental tissue and secure retraction of the organ. By the use of hot water, vinegar and, lastly, a dilute solution of Monsel's solution, all bleeding was stopped and a successful recovery followed. The history of the patient presented no explanation as to the cause of premature separation, and for the anomalous condition of tetanoid contraction at the sixth month of gestation. The condition observed was strikingly similar



to that reported by Dr. Miltenberger, in the case of Dr. H. M. Wilson, the exceptions being in the premature development of labor and the recovery of the mother. The fœtus presented evidences of having been dead several days. Why this tetanic condition of the uterine muscles should have continued for so many hours (about 24) I am unable to explain. The amnion had been exposed external to the vulva opening long enough to assume a parchment condition and undergo partial decomposition.

*Dr. G. W. Miltenberger*, in reply to Dr. Morris, recalled Baltzell's case, in which the rigidity still continued at the post-mortem four hours after death. Such occurrences are common. Organic life still persists after the entire cessation of the life of relation. The hair and nails grow after general or somatic death. Posthumous births show the same thing. Leroux felt the uterine contract fifteen minutes after the death of the mother. Osiander saw it contract as during life in making a post-mortem Cæsarean section. As to the detection of the so-called Bandl's ring by palpation he has more than once not only felt but seen it. It is produced by contraction and retraction of the upper part of the corpus uteri.

In reply to Dr. H. M. Wilson's question, as to the probability of turning in the given case during life, he said that over and over again the best men had been foiled in attempting version in these cases, and in this case of Dr. Wilson's he was convinced that without inquiry he could not have succeeded during life. He then gave a full description of the ring of Bandl, and of the inferior segment of the uterus, the conical zone, or zone of danger of Barnes, and said (a matter of some interest in connection with his paper), that the softened zone which constituted Hegars sign of early pregnancy was of course this same thin inferior segment, between the firm cervix below and the lower edge of the medulla of Savage above.

#### ALBUMINURIA IN THE PREGNANT FEMALE.

*Dr. G. Lane Taneyhill* exhibited a test tube so heavily loaded with albu-

minous urine, 90 per cent., that lying in a horizontal position the substance was not displaced, which, he remarked, was voided three days since by a woman aged 36, light hair, of low stature, stout, who had severe headache with dropsical effusion, so extensive as to involve the face, and, who expects to be confined in a few days. She has had two children, the youngest being 15 years old. He is administering 5 grains of benzoic acid with 10 grains of bi-carbonate of potash every three hours, and produces free catharsis by large doses of epsom salts, every forty-eight hours. He had used this combination in the obstetric wards of Bellevue Hospital, in 1868, in similar cases with considerable degree of success, and had continued the same practice for the last twenty years in all cases when called in ample time to institute medical treatment. He understood that it was held by Golding Bird that benzoic acid exhibited in cases of albuminuria possessed the power of obviating the toxæmic state by preventing the waste of albumen and removing the urea. While he agreed with Dr. Opie that special medication was not apt to be of much avail where the albuminuria depended solely upon the mechanical pressure of the gravid uterus, yet he was inclined to believe that by this eliminating process vigorously prosecuted, he had averted cases of eclampsia; that a sample of this same woman's urine, tested to-day, showed some decrease in the amount of albumen and the headache had disappeared. Comprehending the gravity of the situation he interrogated the society regarding the treatment most applicable in a case of albuminuria previous to confinement.

*Dr. H. M. Wilson* remarked, that the amount of albumen indicated a very serious condition. He advised a continuance of the saline treatment, preferring potass. bitartras. When labor commenced, the first indication of brain sympathy, such as twitching, should be the signal for chloroform and the forceps. Indeed, under the circumstances surrounding this case, he should think prudence would suggest the termination of labor at the very earliest moment and by the readiest means.

CLINICAL SOCIETY OF  
MARYLAND.

STATED MEETING HELD DEC. 17TH, 1888.

The President DR. GEORGE H. ROHÉ,  
in the Chair.

Dr. Thomas H. Buckler and Dr. A. Bradley Gaither, were elected members of the Society.

*Dr. Charles O'Donovan, Jr.,* read a paper on

THE USE OF ACETANILIDE IN CERTAIN  
FORMS OF NEURALGIA. (See page 208)

*Dr. I. E. Atkinson,* said that he believed that the most gratifying results of this class of antipyretics will not be confined to their antipyretic influences alone. He had used them in other conditions with wonderfully good results. In regard to the use of acetanilide in that class of rheumatic troubles such as sciatica, he had never employed it, but had used antipyrine. This did not give such good results here as he had gotten from it in acute rheumatism. In this condition he had used both of these agents, and in some cases they did well. He referred to one case especially where he used acetanilide, and the results were just as good as he could have expected from the salicylates. The trouble though is much more apt to relapse from this form of treatment, and we have to continue the remedy for a much longer time after all the symptoms subside. Their best effects are obtained in the treatment of neuralgias. Of course they occasionally fail, but no remedy gives such gratifying results so harmlessly and permanently as they do. He is much interested in the use of acetanilide in sciatica, and shall employ it when an opportunity offers itself for him to do so.

*Dr. Randolph Winslow,* said that his experience in the treatment of sciatica with acetanilide, was different from that of Dr. O'Donovan, Jr. A respected member of this Society was suffering with that disease very intensely. It resisted all forms of treatment, even elec-

tricity failed to give any relief whatever. He was thus put on 5 grs. of antifebrin every two hours, and it brought about no good results. To-day he is slightly better; whether this is due to the disease wearing itself out or not he did not know. No depression came from the use of the drug in such doses.

*Dr. W. B. Canfield,* asked Dr. O'Donovan, Jr., if he had noticed any especial action on the heart, and whether he thinks its use will cause anæmia or not? He had a case where the patient had taken a great deal of antipyrine and her condition seemed to be explained by an antipyrine habit so thought.

*Dr. George J. Preston,* said that he had experimented a great deal with this class of drugs, and the point which struck him most forcibly was the uncertainty of their action. In some cases of facial neuralgia, most gratifying results are obtained. Again a total failure follows their use. They must exert a powerful influence on the central nervous system in their action in reducing temperature, and this subject itself offers a good field for investigation.

*Dr. L. E. Neale,* said that if he would be pardoned for bringing into the discussion the female sexual organs he could testify to the value of antifebrin in some disorders pertaining to them. A woman had been under his charge who suffered intensely from dysmenorrhœa. She had an ante-flexed cervix, and it had been dilated. Electricity had also been employed, and this gave no relief. On one occasion he dilated the cervix large enough to introduce the tip of the little finger, and still no relief was obtained; finally he consulted Dr. W. T. Howard, and he decided that it was a case that called for an operation. In the meantime she was put on 15 grs. of antipyrine every 20 minutes until three doses were taken and it produced the most excellent results. Since then she has passed over three periods with comfort. This is an important point for here the action of the drug undoubtedly saved the woman from a serious operation.

*Dr. H. T. Rennolds,* saw that he had had a peculiar experience with antifebrin recently in a child aged 2 years. He



had occasion to give it 3 grs. of the drug and in less than five minutes her face began to swell enormously and urticaria appeared on the body. The swelling increased for about twenty-five minutes, after which she slept for about two hours. On awaking the symptoms began to subside and no other unpleasant effects were observed.

*Dr. W. H. Norris* said my experience in the use of acetanilide, (antifebrine) has not been as favorable as some of the gentlemen who spoke. After the use of antifebrine for some time in the Baltimore Eastern Dispensary, I was induced to abandon the use of it, from its depressing effect upon the heart's action. As an antipyretic I have found aconite or veratrum much safer, and to serve my purpose better. I believe that the time is not remote when the use of antipyrine and antifebrine will be ignored by the profession, it has already been abandoned in a measure by the French physicians.

I have seen marked good results from the use of antifebrine in migraine and sick head-ache, in some of these cases it is excellent.

*Dr. John G. Jay*, said that he finds that the action of both of these drugs is uncertain. He related the case of a child aged seven years, who had had measles. For several weeks after the disappearance of the eruption fever continued; so persistent was this fever that he began to suspect tuberculosis. Three grain doses of antifebrine was ordered. After the first dose the mother said the child was very much prostrated and she gave it some stimulant. Again the drug was repeated in four hours and the mother stated at this time the child came near dying.

After this second dose the fever rose again. On the other hand he had given the drug with no depressing effects. In some instances antifebrine will cause depression in from 3 to 5 grain doses. Again doses of ten grains will do no harm. He had given antifebrine to patients with typhoid fever and its effect produced a great deal of comfort.

*Dr. Jas. M. Craighill*, said that he had used both drugs frequently and had never seen any of their depressing effects.

He always advises his patients to take a little whiskey when the drugs are being taken.

*Dr. C. O'Donovan, Jr.*, in closing said that he was sorry to see the discussion take so general a tone, for it had been his intention to limit it to the use of acetanilide in neuralgias alone, and had purposely eliminated any reference to the general use of that drug. The remarks of Dr. Atkinson, seemed very appropriate, and his experience seemed to coincide in nearly every particular with that related in the paper: it is admitted by every one that there are many cases of neuralgia that cannot be certainly relieved by any one drug, and sometimes the same drug will not relieve consecutive attacks, but fewer failures are to be expected from acetanilide than from any other remedy used in these cases. One of the chief points brought forward in this article is the fact that where benefit is to be obtained from it, it will appear promptly, and this will bear repetition; he would not advise its continuance in such a case of sciatica, as that related by Dr. Winslow, nor would he expect any success from it no matter how large doses might be given; when the remedy has been tried for twenty-four hours, in satisfactory doses, and no relief has been obtained, he would at once stop it and use another drug. The unpleasant, and even dangerous effects that Dr. Norris had mentioned had never occurred in his practice, and this has always been his strong point in favor of acetanilide, that it is free from such alarming accidents, and this testimony in its favor is almost universal, certainly it is not so dangerous as aconite, which is preferred by Dr. Norris. All things considered, the discussion seems very favorable to acetanilide, for those who have used it most often like it best.

*Dr. J. W. Chambers*, exhibited a patient on whom he had operated for

#### FRACTURE OF THE SKULL.

Patient was a white boy about 12 years of age. On October 30th, he was caught between a brick wall and mule

cart, and received a compound fracture of the skull. He saw him about one hour and a half afterwards; at this time there was some evidence of shock present, but the patient could be aroused when attempts were made to do so. No paralysis was observed, nor had there been any convulsions. In order to obviate any trouble from the depressed bone he decided to trephine. The head was at first shaved and thoroughly washed in a solution of bichlor. of mercury. The trephine was applied and a number of fragments of bone were taken away. It was hard to see how so extensive an injury to the skull could take place without doing harm to the structure beneath, even though no symptoms of cerebral hemorrhage were present, and when the fragments of bone were removed it was seen that the middle meningeal artery was cut. This was ligated. The wound was drained with cat-gut ligatures. No bad symptoms followed the operation. The temperature on the day following operation reached 100° Fr. After this it never went above normal, and the patient has made a good recovery.

*Dr. Randolph Winslow*, read a very interesting paper on a case of

#### VAGINAL HYSTERECTOMY

which he had successfully performed and showed the specimen.

*Dr. W. P. Chunn*, said that this was a very important subject, and well worthy of consideration. It would seem at first glance that a disease with such characteristics as those of epithelioma could not be mistaken in making a diagnosis, but it sometimes is. He assisted in a case some years ago where a uterus was removed for epithelioma so thought, but no evidence of it was found after the operation. He also knew of a similar case which occurred in another city. He thinks that *Dr. Winslow* is mistaken about the results obtained in partial amputation of the uterus. *Dr. Baker* has done the operation with very favorable results. In a case of epithelioma of the cervix where the disease is confined there, the uterus movable, no evidence of enlarged glands and the

vagina not involved, it is best to remove the uterus before the disease extends. In many cases where the curette &c, are used, the disease returns in a comparatively short time. He is very glad that *Dr. Winslow* has lead the way in this important direction.

*Dr. J. E. Michael* said—The society ought to be grateful to *Dr. Winslow* for the good work he has done for it. He was the first in the city to do a successful operation of laparotomy for intestinal obstruction which case he reported to the society; the first to do *Alexander's* operation for shortening the round ligaments the report of which was first presented here and now he comes to us with the first vaginal hysterectomy done in this city, so far as I am informed. In bringing this case before us *Dr. Winslow* has introduced a subject of the most profound importance and one in regard to which there is the widest difference of opinion among those who have given this class of diseases the most careful consideration. There is no doubt in my own mind that the performance of vaginal hysterectomy in case of cancer of the uterus fulfils one of those surgical maxims with which we are all acquainted and to which we all agree in general terms, better than any of the other methods which have been adopted for the treatment of this dreadful disease:—viz. "Cut as widely as possible from the part affected." The consideration, that in performing this radical operation we deprive the patient of an essential organ, falls to the ground in view of the fact that when the uterus once becomes the seat of malignant disease, it is practically thrown out of use in the economy. The question, therefore, we have to consider is merely the one as to whether the patients will do better in the main under the radical or the palliative treatment, in other words, whether the attempts at complete cure of cancer of the womb by surgical means are not so dangerous to life as to forbid their use under ordinary circumstances. This question has been much discussed and



has given rise to positive, nay, even bitter quarrels among those who have taken a keen interest in it. Freund's first operation [Abdominal hysterectomy] done in 1878 gave rise to the most bitter animadversion, and distinguished surgeons were not wanting who characterised the operation as one entirely unjustifiable. In fact, although the first case was successful, later experience with the operation showed that its dangers were very grave, and that not much could be expected of it. The most encouraging outlook, however, presented itself when during the same year [1878] Czerny, the distinguished Heidelberg surgeon, for the first time did the operation which Dr. Winslow has brought before us to-night, that of removing the uterus entire by way of the vagina. This operation, like Freund's, has been the object of much bitter criticism and among other opponents of it, Tait and Reeves Jackson consider it unjustifiable. There is, however, a very decided tendency among surgeons in general to accept it as the best procedure which has so far been devised to offer those who are so unfortunate as to be afflicted with cancer of the uterus, when the case is seen in the early stages of the disease. It is generally admitted that when the neighboring tissues are infiltrated the operation is worse than useless as it offers the patient no more than the, so-called, palliative operation and at the same time exposes her to much more immediate danger. When, however, the uterus is movable and no metastatic or contiguous involvement can be made out, I am thoroughly convinced that in doing vaginal hysterectomy, we are carrying out the same well established surgical law which directs us to remove the whole breast or the whole of any other organ, when possible, if such organ be the subject of malignant disease, and I look forward to its general adoption by the profession with such increasingly satisfactory results as we are entitled to expect from the perfection of its technique. For example, we see in the first paper of Dr. Sarah E.

Post, published in 1886, a record of 341 cases with a mortality 93 or twenty-seven per cent., in the second, in 1887 [with Dudley's cases] 381 cases with a mortality of twenty per cent., while an additional table of 65 cases by twenty different operators shows a mortality of only ten and seven-tenths per cent. Perfection of technique will doubtless do for vaginal hysterectomy what it has done for ovariectomy and other operations and we may justly expect even much better immediate results than we have heretofore seen. So far as I know, the best individual results are those of Leopold who in 48 cases lost only 3. The operation is too new for satisfactory study as to permanent results though there is already a very marked tendency towards improvement in that direction as showed Leopold's and Hofmeier's statistics. We can not expect to know the best it can do until it has been definitely accepted by the profession and we can have the opportunity to study the results of a large number of cases in which the operation has been practised at a very early stage of the malady. I am convinced that time will show the same improvement in this that we have seen in other operations for the removal of malignant diseases and that it will prove to be no exception to the rule that the earlier we operate the better chance we give the patient for radical cure.

A word with regard to the technique of the operation. That it can be done, and done well, by the use of ligatures, has been proved by too many successful cases at the hands of those who prefer that method, but I must confess myself very favorably impressed by what is said of the clamp in its various modifications. The Germans, as a rule, use ligatures, while the French show a marked tendency to the clamp. The work of Péan and Doléris upon this point is striking and it seems to me that it shows that, by the use of a properly devised clamp, notably that of Doléris, the time of operation as well as the labor of the operator would be much reduced,

and I think it is not uncommon for those who begin the operation, as in this case of Dr. Winslow's, with the intention of using ligatures, to have to leave one or more pressure forceps in the wound. Whether preliminary amputation of the cervix and removal of all accessible suppurating tissue, as warmly recommended by Dr. Polk, should be practised, is still a question but there is certainly a great deal to be said in its favor. The substitute for vaginal extirpation offered by Dr. Baker of Boston does not strike me favorably as it seems to incur all, or nearly all, the dangers of the former operation without offering an equivalent in promise of a radical cure. The importance of the subject must be my excuse for having occupied so much of the valuable time of the society and I will close by thanking you for your attention and again congratulating Dr. Winslow on the happy outcome of his operation.

Dr. John G. Jay, said in reference to the clamp or ligature being preferable in doing this operation, it would seem that if the clamp and knife could be used together it would simplify things very much. No one who has not seen a case of this kind knows the difficulties attending the operation.

Dr. Randolph Winslow, said that he regretted that he had not had more time to look into the statistics on the subject in question. He is aware of Dr. Baker's operation and he (Dr. Baker) claims about 50 per cent. There is frequently a call to open the peritoneal cavity and then we might as well take out the uterus. This case came under his care in July last. The first operation was done Sept. 6th. Before doing the operation he told her that he would do as little as possible, but if necessary he would do what was required. Consent to this was subsequently recalled by the family. At this time her condition was so bad that a severer operation would, in all probability, have killed her. In this case it would have been impossible to remove the uterus without first taking away the mass in the vagina as referred to by Dr. Michael. If permission had

been granted, and if the radical operation could have been performed at first, her chances of permanent cure would have been better. In less than two months after the operation it began to proliferate. He found much more disease present than he had expected. In reply to a question from Dr. Chunn, he said that she menstruated regularly up to the last operation.

Dr. T. W. Kay, reported

TWO CASES OF EMBOLIC GANGRENE OF THE  
LEFT FOOT FOLLOWING INJURY  
TO THE THORAX.

Dr. L. McLane Tiffany, asked if the urine had been tested for the presence of sugar, as the history of the cases looked very much like those of diabetic gangrene.

Dr. T. W. Kay, replied that he had examined the urine, and no sugar could be found.

W. J. JONES, M. D.,  
Recording Secretary.

PYLORECTOMY.—A successful case of excision of the pylorus is recorded by Drs. E. Goldenhorn and S. Kolatschewsky of Odessa (*Berl. klin. Woch.*, No. 51). The patient was a lad fifteen years of age, who was admitted under Dr. Goldenhorn for extreme dilatation of the stomach following an attack of pain and vomiting eight years previously. The diagnosis was simple stricture of the pylorus, an unusual event in so young a subject, and after due preparation Dr. Kolatschewsky performed the operation of excision. The patient made a good recovery, slightly prolonged by the formation of an abscess at the seat of suture. The portion of the stomach removed included 2.5 centimetres of the lesser and 4.5 centimetres of the greater curvature; the mucous membrane was thickened and thrown into folds, which at the pylorus itself formed polypoid masses, completely blocking the orifice. This condition doubtless resulted from the cicatrization of an ulcer seated at the pylorus, and not from any congenital defect.—*Lancet*.



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## Editorial.

ANTE-PARTUM TETANOID CONTRACTION OF THE UTERUS.—The article of Dr. Miltenberger, which appears in another column of this issue, is well worth attentive consideration, giving as it does, the results of the personal experience and the literary research of one who has been for many years acknowledged as a leader among the obstetricians of this city. Cases such as those of which he writes, "Tetanoid Ante-Partum Contraction of the Uterus" are fortunately very rare, but when they do occur, not even rupture of the uterus, nor placenta prævia centralis bring greater danger to mother and to child.

Reviewing briefly the literature of the subject, and pointing out the awful mortality there recorded, the author passes on to the consideration of the causes of this complication of labor, demonstrating clearly that the constricting band is located, not at the internal os, but above it at the (in normal cases) gradually ascending limit between the thinning lower

segment, and the thick contracting upper segment of the body of the uterus.

The treatment of this condition has been very unsatisfactory. Chloroform and blood-letting have both at times failed to cause relaxation.

Without doubt, the best treatment is prevention. Before operative midwifery reaches perfection, the rule must be universally obeyed, never to do such severe intra-uterine operations as turning, or the application of high forceps, unless the patient is deeply anesthetized by a *medical assistant*. There can be no excuse for the frequent violations of this rule by obstetricians.

Although the occurrence of uterine spasm depends on some obscure condition of the nervous system, it is known to be immediately induced by extreme fatigue of the patient, by the use of oxytocics, and by irritation of the interior of the cervix and corpus uteri.

ORIGINAL ARTICLES IN MEDICAL JOURNALS.—The fact that articles at the beginning of a medical journal are usually entitled original articles is due in no way to an attempt at facetiousness on the part of the editor. Medical journals are increasing in number, some now existing increase their size as a supposed mark of progress, and yet there are always manuscripts in every editor's drawer—works "which do not lack literary merit," but which cannot be used for various reasons. It is no easy matter to write an article which is acceptable to the public. Many write in such a way as to obscure their meaning. Some bring forth productions containing merit, but put together without system. The majority, however, err in writing too much and too long articles. They have something to say but the truth is hidden in a mass of padding, quotations, references, many of which are never consulted, so that the busy man has neither time nor patience to search out the atom of worth.

An acceptable article is not necessarily original, this is especially true in medicine, but the busy medical man reads by

preference a short article, one which is well systematized, and which contains the conclusions and deductions properly summarized at the end. If a writer in medicine wishes to make his article particularly acceptable, and wishes it quoted in contemporary journals, let him summarize his conclusions at the end of his article and he will find those copied far and wide by the busy editor who is looking for facts. Writers should always be clear, even at the risk of repetition. It is no great literary crime to repeat a name or object at short intervals, if it expresses clearly what the writer intends. It is rarely wise to use foreign words in writing. Our own English language is quite rich enough if the writer knows how to use it. Foreign words or sentences often obscure meaning, for if the writer understands the foreign languages, his reader may not. But if a writer must resort to another language, whether ancient or modern, let him by all means take care that he use it correctly. The careless writer who wishes to describe by what channel a medicine is given and writes "*per orem*" as good Latin, had better confine himself to his own language, and yet this is by no means an uncommon mistake. A reviewer in a very prominent medical monthly in discussing a book which deals with medicine from a philological point of view, in the frenzy of his eloquence lets one Latin word drop, and unfortunately puts a very common word in a declension where it does not belong, and thus weakens his whole review.

**THE SPECIFIC GERM OF YELLOW FEVER.**—The recent epidemics of yellow fever in the South have given ample opportunity for a renewed study of that disease, and it is probable that this study has been pursued in a more scientific way than heretofore. Investigators are busy looking for the specific micro-organism of all diseases, and yellow fever has not escaped this scrutiny. A successful bacteriologist must be a patient, careful, tireless and sceptical worker, proving

every step, and believing nothing apparently new until cultivations, isolations, inoculations and re-inoculations have been repeated more than once.

The few men working on yellow fever have made but provisional announcements, and it is a pity that such an enthusiast as Dr. James E. Reeves, of Chattanooga, should rush into print in the daily press, and announce himself as the discoverer of the specific germ of yellow fever. Those who have seen his preparations know that he has not yet discovered this germ.

Of course the announcement that a consultation of scientists will be held at Johns Hopkins University is utterly false. It is bad enough to have such news heralded in the daily papers, but it does seem a pity that a medical journal should copy such a news item on such slender authority. It is unfortunate that the new editor of the *Journal of the American Medical Association* who is supposed to know something about yellow fever should put this notice in his first issue. Not all news can be copied from the daily papers by the medical press.

#### WASHINGTON NEWS AND COMMENT.

Dr. Auvard of Paris, has been chosen an honorary member of the Washington Obstetrical and Gynecological Society.

Dr. R. M. Ellyson, has been elected assistant resident physician in the Central Dispensary and Emergency Hospital.

The following have been elected officers of the Medical Society of the District of Columbia for 1889-90:

President, Dr. C. E. Hagner; Vice-Presidents, Dr. McArdle and Fry; Treasurer, Dr. Franzoni; Corresponding Secretary, Dr. T. C. Smith; Recording Secretary, Dr. S. S. Adams; Librarian, Dr. Mundell; Examiners, Dr. S. S. Adams, G. Wythe Cook, Kleinschmidt, H. L. Johnson and Acker; Censors, Drs. Winter, Frederick and Ober,



### Medical Items.

A bacteriological laboratory has just been added to the University of Edinburgh.

Dr. Gross, in an analysis of over two hundred cases of mammary cancer, concludes that the disease is not hereditarily transmitted.

Dr. De Wolf, commissioner of health of Chicago, is preparing plans for a hospital for contagious diseases in that city.

Chicago is attacking the abortioners, who, it seems, have been doing a flourishing business in that great town.

A case is reported of the death of a boy from running an umbrella rib up his nose. It was supposed to have penetrated the brain.

Dr. George F. Shrady, editor of *The Medical Record*, was married on December 8th to Mrs. H. E. Shultis.

The *Sanitary News* says there has not been a single epidemic reported this summer that was not directly traceable to neglect of ordinary sanitary requirements.

The practical objection against any form of preventive inoculation against cholera, such as Gamelleia now proposes, is that one attack of the disease rather favors than prevents another.

The bill to "regulate appointments in the Marine Hospital Service" passed both Houses of Congress just before adjournment. It now only awaits formal engrossment and signature to become a law.

Typhoid fever is stated to be increasingly prevalent in Vienna. The water is suspected, and measures are being taken to prevent the use of any that is regarded as of doubtful purity.

John Langfelt, a Rock Rapids, Iowa, boy is the possessor of artificial extremities for all of his limbs. During the great blizzard of last January he had his hands and feet so frozen as to necessitate the amputation of the whole four.

Dr. Alexander, of England, cured a case of incontinence of urine in a woman where the sphincter was permanently paralyzed, by dissecting out the urethra and conducting it into the rectum.

A New York oculist claims to have discovered a disease of the eye characterized by a dimness and a "film-like gathering" over the eye, which he traces directly to cigarette smoking. He calls it the "cigarette eye."

Dr. Guerra Y. Estape, according to the *New Orleans Medical and Surgical Journal*, December, 1888, regards the local application to the larynx and pharynx of a 10 per cent. solution of resorcin as the best treatment of whooping-cough at present known.

The supposed remedial agency of the odor of cows and cow stables, in cases of consump-

tion, is to be tried at Reinickerdorf, near Berlin, on a unique scale, says the *New York Analyst*. A vast circular building has been erected, in the basement of which several hundred cows will be kept, and the odor of the stables will be conducted to the rooms in the upper stories!

The following committee has been authorized to receive subscriptions in America for the "Langenbeckhaus," which is to be erected in Berlin as a memorial to the late distinguished surgeon whose name it will bear: Dr. von Herff, of San Antonio, Texas, chairman; Dr. Baumgarten, of St. Louis; Dr. Ferrer, of San Francisco; Dr. Emil Fischer, of Philadelphia; Dr. A. Jacobi, of New York; Dr. Löber, of New Orleans; Dr. Mendel, of Milwaukee; Dr. Salzer, of Baltimore; and Dr. Lange, of New York, secretary.

It is reported that a man well under the influence of alcoholic liquor recently went into a saloon in Trenton, N. J., and called for a glass of beer, which was given him on a table at which he was seated. He was soon observed to be leaning forward upon the table as if in a sleep or stupor. "When the bar-keeper tried to arouse him, half an hour later, it was found that he was dead, his nose being immersed in the liquor in such a way that respiration was completely stopped." Many cases have been reported of persons having been drowned in but little depth of water, but this is the first case reported of a man drowning himself in a glass of beer.

A daily paper says that "the warning that has been sounded against turning the leaves of books with wet fingers, for fear of microbes, was based on investigations by the authorities among the circulating libraries at Dresden, to determine whether they were a medium for the communication of infectious diseases. Soiled leaves of books were rubbed first with dry fingers, and then with wet ones, and the result microscopically examined. No microbes, or few, were found on the dry finger, but many on the wet finger. It did not appear that any of them were infectious, but the result of the experiments was held to justify an earnest warning against putting the finger in the mouth when turning the leaves of books."

The Duke Charles Theodore, brother of the Empress of Austria, is both oculist and surgeon, and is very skillful; but his fondness for the knife (says London *Truth*) is not appreciated at the Vienna and Munich hospitals, for whenever he operates all the regular arrangements are upset, the whole staff is required to be in attendance on him; he must always be respectfully addressed as "Your Royal Highness," and strict etiquette is observed, all of which is decidedly a nuisance. When the duke is at Vienna, he often passes the whole day in the general hospital, and if there are any arms or legs to be cut off he hastens joyfully to the work. Duke Charles' zeal may possibly be moderated by his accession to the Bavarian estates of his father, Duke Max, who died the other day. He is married to a cousin of the King of Portugal,

Original Articles.

PREGNANCY AND OPERATIVE SURGERY. THEIR MUTUAL RELATIONS.

BY LOUIS McLANE TIFFANY, M.D.,

Professor of Surgery in the University of Maryland.

Before the International Medical Congress at Geneva, in 1877, Verneuil read a paper, learned and exhaustive, on the relation existing between surgery and pregnancy, and formulated certain conclusions. It may be said that much that has been learned on the subject is to be directly traced to the influence and teaching of Verneuil. In the paper referred to above, occur the following words: "But is it actually possible to formulate definitely the theoretical propositions and the practical rules in question? We think not. Experience already acquired is still insufficient and it is necessary to appeal to future experience."

In the following pages I have brought together a number of surgical cases occurring subsequent to the list analyzed at Geneva, and such comments as are made must be considered as resting not only upon them but upon a study of the cases collected by Verneuil.

It is in the cases collected by me that we are brought in contact frequently with the term antiseptic surgery, as practised more or less perfectly by different operators, whereas the earlier list is made up of cases occurring in many instances before the principles of modern surgical wound treatment were thought of. A careful study of all recorded cases justifies the opinion that upon operations and surgical injuries during pregnancy, the principles of Listerism will produce results equally as good as have been brought about by the same principles in general surgery.

Probably that which is most remarkable in cases already recorded is the en-

tire, or almost entire, absence of history in regard to previous abortions, or whether the patient was the subject of disease predisposing to abortion—*i. e.*, syphilis; even where the subject of the injury was a woman of the town, knowledge in this regard is not forthcoming.

It becomes, therefore, a matter of extreme difficulty to know how great a factor in producing miscarriage a given traumatism may be.

Operations on the uterus or appendages I have not tabulated, believing it an accepted fact that pregnancy does not negative their performance when required. A paper by A. Hofmeister (*Deutsche med. Woch.*, No. 19, May 12, 1887, pp. 397, 398) in this regard is well worth reading. He makes no difference between pregnant and non-pregnant cases as shown by results.

I have thought it well to collect cases of injury and of surgical operations since the former so often necessitate the latter classes; it will be seen later, however, that the prognosis in the two is not identical.

CASE I. *Traumatic peritonitis during pregnancy; miscarriage; recovery.* (*Louisville Medical News*, 1879, vol. vii. p. 307).—June 4th, L. B. æt. twenty-four, colored, mother of two children fell over a tub, striking the lower part of her abdomen against its rim. I saw her three days after the accident, when she was suffering from intense pain referred to a point about two inches above the navel, which was greatly increased on pressure. . . . Noted that she was pregnant, and learned that she was six months advanced. There was peritonitis, with retention of urine, but no hemorrhage. I evacuated the bladder and gave one-quarter of a grain of morphine every two hours; fomentations to abdomen. . . . Systematic feeding with whiskey and milk was kept up during the continuance of the case. .

. . . June 15th, os dilating and membrane protruding. Fœtus expelled which lived twenty minutes. Patient after a few days began to improve, and was dismissed cured on June 21, 1879.

This case particularly illustrates a point well known in Southern practice

\*Read before the American Surgical Association, September 20th, 1888, in the 1st Triennial Congress of American Physicians and Surgeons.



—the peculiar power of negro women to resist the accidents and disease of the parturient state.

CASE II.—On July 14th, 1875, I was called by a mid-wife to see Mrs. P., æt. thirty-two, in her fourth pregnancy, at the ninth month. At eight o'clock that evening her drunken husband quarreled with her, and stabbed her with a pen-knife in the left side. She immediately called the midwife, who thinking she had been called for a premature birth, administered a landanum enema, but the suffering continuing, she examined the abdomen and found a hernia of the epiploon. She called me at once. On examination I found, about one and a half inches to the left of the umbilicus, a small narrow wound, through which a small portion of epiploon, about the size of a nut, protruded. The tumor was congested, of violet color, and pediculated, and still warm. I tried to reduce it, though the opening was very small, but I found it impossible; I covered it with an oiled rag and applied warm compresses over the belly. She passed a good night, without much pain, no vomiting, no swelling of the abdomen, no fever. The epiploon tumor was cold when I saw her the next morning. The patient absolutely refused to go to the hospital, I then decided to ligate the pedicle of the hernia, and dress the wound with carbolyzed glycerine; the dressing was renewed twice daily.

The following day passed without accident, although at that time there was an epidemic of puerperal fever in the neighborhood. On the sixth day the sphacelated epiploon fell off and the wound healed easily. The patient was delivered of a healthy male child at term: no complications supervened; the mother nursed the child herself.

Since then Mrs. P. has had two more children, after normal gestations and labors: (E. Belin: *Bull. med. du Nord.*, Lille, 1878. vol. xvii. pp. 228, 229.)

CASE III. *Penetrating wound of abdomen; protrusion of viscera in a woman about to be confined; birth; recovery* (M. Richard: *Bull. Med. du Nord.*, Lille, 1878, xvii. 101-108).—Jan. 21, 1878, C. A., a woman of the town,

æt. twenty-two came to the hospital.

She had had a serious fall in a dark cellar, while carrying some empty bottles in her arms. She had a penetrating wound of the abdomen at a distance of about two inches above the navel, on the left side, 8 cm. in length. Through this wound the epiploon escaped, as well as the small intestine and transverse colon. This mass was of the volume of a man's head.

There was also a wound on the right hand, quite serious; another on the left thumb; a severe bruise on the right knee. . . . The intestinal mass was carefully replaced, after washing it gently with warm water and a soft new sponge. The wound was closed with pin sutures (five in number), other wounds were dressed; ice dressing upon abdominal wound; opium administered.

This woman was in the ninth month of pregnancy, primipara. In the afternoon she complained of severe lumbar pains. Abdomen sore for some days; opium continued; had some chills, tympanites, delirium, retention of urine; all healed, sec. artem; child still alive January 24th, patient complains of severe pains, which appear to be labor pains, os slightly dilated. At twelve o'clock, bag of waters was ruptured; at 2.15, woman delivered of a boy, healthy and strong, normal delivery.

Jan. 28th. Pins were taken out, wound in good condition. Lochial flow regular. . . . Later she had nine chills and some symptoms of peritonitis in the right iliac fossa. . . . On March 15th, patient was attacked by pleuro-pneumonia on right side. She however recovered completely.

CASE IV. (R. P. Harris, M. D.: *Am. Jour. of Obstet.*, vol. xx. No. 7, p. 682)

—A strong woman, aged thirty years, multiparous, when six months pregnant was gored by a cow. The abdominal wall was torn open, the uterus bruised but not torn; a large protrusion of omentum and intestines took place; these were returned and the wound sewed up with needle and thread, not including the peritoneum. Rapid recovery and confinement at term of a healthy child.

CASE V. (L. Corey, M.D.: *American Practitioner*, Sept. 1878, p. 151)—On January 27, 1876, Mrs. S. C. R., aged thirty-five years, an athletic woman weighing one hundred and thirty-five pounds, in the third month of pregnancy, was attacked by a vicious cow, one of whose horns entered the belly walls in the hypogastric region. The patient was seen by Dr. Corey a hour and a half after the accident. Examination showed that "the cavity of the abdomen had been penetrated one and a half inches to the right of the median line just over the pubic bone, making a ragged lacerated rent in the parietes, ranging obliquely to the left and upward, terminating one inch to the left and on a plane with the umbilicus, making a wound at least five inches long, through which the great omentum, ascending, decending, and transverse colon, and most of the small intestines had escaped, and from which the pyloric extremity of the stomach protruded." The wound was pared of tattered tissue, eight silk sutures passed through the abdominal walls and the edges brought together. Delivery of a healthy child took place at term, two hundred and two days later.

CASE VI. (Rydygier (Knlm): *Revue de Chirurgie*, from *Congress of German Surgeons*, No. 12, p. 1058, 1887).—A woman, aged forty-three years, in the sixth month of pregnancy. Internal strangulation. After seven days, laparotomy in the linea alba. The obstruction was produced by a band which was divided between two ligatures. Recovery in twenty-five days. No miscarriage.

The following is a case related to me by Dr. J. S. Bowen, of this State:

Three years ago I was called to see a married woman, aged about thirty-two years, in her third pregnancy, who had sustained a simple fracture of each leg just above the ankle. She was in the second month of pregnancy. Neither fracture united until after delivery, which took place at term; consolidation was then rapidly completed.

I have no personal experience in regard to the behavior of fractures during pregnancy. A number of cases of retarded union have been recorded (E. Petit, *Thèse, Auxerre*, 1876), a greater number proportionately when compared with fractures in the non-pregnant; hence I am led to the opinion that gestation exercises an unfavorable influence upon union of broken bone.

CASE VII. Keelan: *British Medical Journal*, October 15, 1887, p. 825).—A female, aged thirty-five years, in the eight month of pregnancy applied for relief. She was found to have a stone in the urinary bladder, two inches broad by two and a half long. She was operated upon, and the stone after removal weighed two ounces and a half. The woman made an excellent recovery and left the hospital about three weeks from the date of the operation. Details of operation are not given, it was probably lithotomy, however.

CASE IX. (N. Prozowsky: *Vrach. Vaidom*, St. Petersburg, 1879, vi., 1113-1114).—A woman, twenty-seven years of age, of robust constitution, and always in good health; in the eighth month of her first pregnancy, during an affray, received a gunshot wound which was fired a few feet from where she stood. The missiles instead of ordinary shot, were of lead pipe which had been chopped fine, which caused them to scatter widely. She was wounded in many places: chest, abdomen; in some superficially, in others quite deeply, but the bulk of the shot entered her right arm, producing a frightful wound, with laceration of the radial and ulnar arteries.

The numerous missiles were extracted and the wounds dressed antiseptically according to the best methods, and properly supported and bandaged. A few days after the operation the fetal heart sounds could be distinctly heard. The pregnancy was in no way disturbed by the severe accident, and the confinement which occurred at term was perfectly normal. Neither was any bad effect produced upon the child, apparently; it seemed perfectly healthy at birth, but died four days later (cause not mentioned).



No mention of subsequent pregnancies.

CASE X. (Franklin Staples, M.D.: *New York Medical Record*, September 9, 1879, p. 505).—A Swedish woman, æt. twenty-eight, pregnant at full term, received a pistol shot about two inches above the crest of the right ilium, and a little back of the anterior superior spinous process, which took a downward and forward direction. Little shock was felt. Forty hours later delivery of a dead child took place, and the pistol ball was found in the abdomen. Labor was normal in all respects, except that there was some nervous prostration, and recovery was complete.

Dr. Charles Berry, of New Ulm, Minnesota, the attending physician, furnished the above to the reporter, Dr. Staples.

CASE XI. Bancroft (*Medical and Surgical Reporter*, Philadelphia, 1876, xxxiv., 438, 439).—A woman in the seventh month of her first pregnancy was shot with an army revolver, forty-four calibre. The missile entered between the second and third ribs, one inch from the sternum, passing through the right lung and escaping through the scapula, three inches below the spine. After leaving the body the bullet passed through a pine door. There was much hemorrhage and shock. Lint placed over the wounds became adherent, remaining until recovery had nearly taken place.

At full term a healthy boy was born.

Inasmuch as case X. was at term, it is not easy to estimate the effect of the pistol wound inducing miscarriage. An unfavorable result from the injury might have been expected, but fortunately did not occur.

CASE XII. *Woman in advanced pregnancy grievously hurt by a "land-slide."* (*Prag. Med. Woch.*, 1881, vi., 203).—M. U., aged twenty-seven, in the eighth month of pregnancy. While working in a brick-yard, December 11, 1878, a wall of clay, two metres in height, fell and almost completely buried her. She was soon extricated and put to bed.

Patient of robust constitution. On

examination I found a terrible wound of the head, extending from the right parietal protuberance to right eye, twenty-five centimetres long and three-quarters of a centimetre in width; edges of wound sharply cut. Another wound over right eye, wide enough to admit finger; numerous bruises over the body and legs, as well as abdomen. Foetal heart could be distinctly heard. The wounds were dressed, thirty-two sutures being used in the head wound alone. She got along very well for some days, until erysipelas set in with very high fever. On January 15th, however, she was confined, being then convalescent, and had a normal and easy labor; the child was a perfectly healthy girl. The patient eventually recovered perfectly. An examination of the spot where the accident occurred, showed that the wounds, which might have been mistaken for sabre-cuts, were produced by the sharp angles of the frozen clay.

CASE XIII. (A. Faucen: *J. d. Sc. Med. de Lille*, v. 241-253; 292-299; 332-343, 1883).—Jan. 31, 1883, B., aged twenty years. Health always previously good; fell upon her left knee four weeks since. Kept on with her work until a week ago, when she woke up and found her knee swollen and painful. Examination: Suppurating hygroma of left knee; circumscribed tumor over anterior part of patella; fluctuation. Articulation painful. Patient is in the fifth month of pregnancy. She was chloroformed, and a crucial incision made over the tumor. Escape of laudable pus. Lister's dressing, with thorough drainage. On the 18th, a friend visited her, and she took off the dressing to show her, reapplying them as best she could. On the 22d, erysipelas developed, lasted until the 14th of April; affected the whole body at different times, save head and neck, and vulva and vagina. The fever lasted from February 23d till March 14th. She was delivered at term of a healthy child, without accident.

CASE XIV.—L. B., aged twenty years, unmarried, on August 25th, 1885, came to the hospital. She was in the ninth month of pregnancy. Patient robust. In February last she had connection

with a man who was still in the hospital being treated for a venereal disease. When examined, the patient had an abundant flow from the vagina, œdema of labia majora and minora. Diagnosis: Vulvovaginitis of gonorrhœal origin. Fœtal sound heard plainly; head of fœtus felt at the superior strait. General condition good. Treated by baths and injections. On the 30th, patient complained of severe pain in groin, right side, radiating to the knee; adenitis; abscess rapidly forming.

Sept. 3d. Fluctuation noted in abscess, which was opened with bistoury. Next day she had a chill, followed by high fever.

Sept. 6th. At ten o'clock labor pain set in, and patient was delivered of a child, living but weakly; it only lived a few days.

Erysipelas set in; no symptom in abdomen. Patient died on Sept. 14th, after a long agony. (*Gaz. Hebdom. d. sc. Med.*, Montpellier, 1885, vii. 589-592).

Of the three cases reported, two appear as examples of erysipelas and recovered; the third is evidently septic, abortion and death following. The chill, etc., of Sept. 4th, was probably due to septicæmia, miscarriage occurring Sept. 6th, and death eight days later.

CASE XV. (Dr. Marius Ruy: *Gaz. Med. de Paris*, 1878, vii. 48, 480-482).—July 12, 1878, I assisted Dr. Progez in an operation for anal fissure upon a pregnant woman.

Patient, aged thirty-six years, of good constitution, has always been regular with her monthlies. She is married. A few years after her marriage she had a son, after a normal labor. Eighteen months ago she was again pregnant, and there was every indication of a normal confinement, when at the fourth month she had a miscarriage, which resulted, she thought, from moving, and from a fall on the stairway; she soon rallied, however. Five months later, patient noticed that whenever she went to the water-closet she had great pain about the anus. After trying everything for

the trouble, and after the most excruciating tortures, she decided to have an operation performed; she was then two months pregnant. She had been greatly reduced in weight by the suffering, appetite poor, etc.

July 12th. The operation upon the fissure was done, the method being rapid dilatation, chloroform being administered.

No chill or pain, or other trouble resulted; the young woman was up by the 18th for an hour; she felt perfectly well again on the 19th and 20th. On the 21st a profuse metrorrhagia set in; on the 22d an ovum of two and a half months, was expelled. . . . Patient, however, soon rallied.

That the operation on the anus induced miscarriage, does not here seem to be clear; but in *Tribune Med.*, Paris, 1876, pp. 315-319, 359-342, will be found many examples bearing on the subject of this paper; of these examples, Case XVII, is an operation for anal fissure followed by miscarriage within a short time.

The following example has some bearing on rectal surgery in relation to abortion.

CASE XVI. (Tiffany: *Transactions of Med. and Chi. Fac.*, of Maryland, April, 1884; p. 216, Case IV).—A stout, married woman, aged thirty-five years, suffered from rectal cancer entirely closing the bowel. She was two months advanced in her fourth pregnancy.

June 4, 1883. Complete obstruction having existed three or four days, the descending colon was opened in the lumbar region; the wound healed rapidly.

Two months later, the carcinoma almost entirely filling the pelvis, abortion took place and the patient died with symptoms of intra-pelvic inflammation and septicæmia. Here abortion was manifestly due to advancing disease and not to the operation of two months before.

CASE XVII. (*American Journal of the Medical Sciences*, January, 1873, p. 279, from *American Journal of Obstetrics*, May, 1871).—Dr. John Gilmore, of Mobile, Alabama, in December, 1870, extirpated the left kidney of a negress, aged thirty-three years. The patient was



five months advanced in pregnancy and recovered without aborting. The operation was done on account of severe and constant pain.

CASE XVIII. (*The Medical News*, April 16, 1887.—Tiffany.) February 16, 1887, there was removed from the left kidney of a married woman, aged twenty-seven, an irregular stone weighing thirty grains. The patient was in the fifth month of her first pregnancy. Constant pain, elevated temperature, rapid pulse, frequent vomiting, ill-smelling urine, and great restlessness, justified the operation. Recovery was rapid. Pregnancy was not interfered with. This woman is again pregnant; the first child is living.

CASE XIX. (Tiffany: Hitherto unpublished).—A woman, aged twenty-eight years, strong, and apparently healthy, three and a half months advanced in her second pregnancy, consulted me in regard to the condition of her right leg. I found several fistulæ over the tibia, and recognized dead bone. One week later I opened the tibia with chisel and mallet, removing dead and diseased bone from a space about eight inches in length. All went well, and at term a healthy, well-formed child was born. No history of previous miscarriage or syphilis.

(To be continued.)

## TWO CASES OF EMBOLIC GANGRENE OF THE LEFT FOOT, FOLLOWING INJURY OF THE THORAX.\*

BY T. W. KAY, M. D., OF BALTIMORE.

Case 1.—Abu Elias, 63 years of age, while returning home, fell from his donkey, injuring his right side. Two days later, the last week in May, I was called to see him and found pneumonia of the lower portion of the right lung, with some pleurisy. Appropriate remedies were used and for a week all went well, until the morning of the tenth day after the injury, when I was called and

found him suffering intense pain in the left foot, which was cold and pale. A diagnosis was made of embolic occlusion, probably of the arteria dorsalis pedis. He had complained of no previous heart symptoms, nor did examination reveal anything abnormal. Anodynes were used, and such local remedies as were thought best suited to stimulate the circulation of the part. Sensation was only slightly impaired, nor was it entirely abolished before the expiration of a week, it disappearing first on top of the great toe, about as high up as the metatarsophalangeal articulation, and then extending successively to the other toes, first on the dorsal and then on the plantar surfaces. By this time the whole leg was much swollen and a phlebitis of the internal saphenous vein was commencing. Three days later the whole saphenous vein was as hard as a cord, and its course was clearly marked out by a rose-colored line. I now felt justified in giving a grave prognosis, after which I was dismissed and several other physicians were called in. Three weeks after my dismissal, nearly five weeks after the occlusion, I was asked in consultation and found the line of demarcation well formed, the swelling of the leg entirely subsided, and the phlebitis nearly or quite gone. Amputation was decided upon, so the next day, assisted by Drs. Wm. T. Van Dyck and Sam'l P. Glover, I performed the tarso-metatarsal operation, no healthy tissue being sacrificed. The wound did well, only a small portion sloughing from the inner angle of the upper flap, and the prospects for recovery were good, but I learned by letter that he died from exhaustion in September, three and a half months after he was first taken.

Case 2.—Mohammed, a boatman 40 years of age, while handling some baggage, fell and struck himself on the right side. He suffered for several days but did not stop his work till he was taken with severe pain in his left foot. I was then sent for, the second week in June, and found the pain limited chiefly to the dorsum of the left foot, from which point it radiated up the leg. The surface was cold, but sensation was not altered.

\*Read before the Clinical Society of Maryland, December 17th, 1888.

He still had some pain over the right side of the thorax, but I could not satisfy myself that there was any pulmonary inflammation though there was a rise of tr. of 2° F. Nor did examination of the heart reveal anything abnormal. The diagnosis made was as in Case 1, and the seat of the embolus was probably the same. Opiates were given internally, warm and soothing applications were used locally, and the general health was carefully supported on tonics and good food. In spite of this treatment sensation was lost in a week, and a slough began to form on the dorsum of the foot including the four outer toes and extending back to near the tarso-metatarsal articulation. This extended in a few days to the great toe, and then to the soles of all the of the toes, where it became limited. No change was made in the treatment for the next two weeks, except to use antiseptic and deodorising applications to the slough. The second week in July, he was induced to enter St. John's Hospital, and as the line of demarcation was well formed, amputation was done, Chopart's being preferred. The second day after the amputation, a slough began to appear on the lower flap, and, in spite of all that could be done, blood-poisoning came on from which the patient died in eight days, nearly six weeks after the accident.

There are several points of interest in these two cases. Pneumonia is a rare sequence of injuries of the thorax, though cases are reported by Duchek, Grisolle, Frank and Wunderlich.

There was distinct pneumonia in Case 1, and though I failed to get positive signs in Case 2, I am inclined to think that it existed. The two cases could scarcely have been only coincident with, but due to the injury. It is impossible to say that the gangrene was dependent on the pneumonia, but it seems reasonable to believe that there was some connection between the two. Both men were healthy and had had no constitutional disease. No. 1, was old and probably had degenerated arteries, and No. 2, may have been affected the same way, for though young and a Moslem, he was a hard drinker.

Both cases occurring in the left lower extremity after a blow on the right side of the throax, might suggest some spinal injury, but there were no signs of any thing of the kind. Gangrene is much more common in the lower than in the upper extremities, and judging from the course of the blood vessels we would expect to find it more frequently on the left side. Heart disease could be detected in neither case, and had an embolus come from the heart it would most likely have been fibrinous and occluded the artery at only one point, permitting collateral circulation to be easily established. There, however, it was probably soft, closing the arteria dorsalis pedis, the tarsal, the metatarsal and the communicating arteries. The history looks very much like that of diabetic gangrene, but as no sugar was found and the quantity of the urine was normal, it does not seem proper to call it such. The thought of its having been due to thrombus of the pulmonary veins supplying the injured area has suggested itself, but this is a very rare affection according to Bristow and Virchow.

## THE MANAGEMENT OF PHTHISIS.\*

BY J. T. SMITH, M.D., OF BALTIMORE.

Phthisis, or consumption of the lungs, as the health reports name it, is our greatest enemy. During the past 10 years 11,590 persons have fallen victims to its attacks in the city, an average of 1159 a year. In that time the greatest number of deaths in any one month was 157 (Dec. '81) and the smallest, 64 (Jan. '88). A glance at the table will show that the ravages of this disease vary but little from year to year; the great discovery of the *bacillus* and the close study of the experienced physician have thus far apparently failed to affect the activity of this agent of destruction. Such a condition of things existing and pursuing the even tenor of its way, is surely apol-

\*Read before the Baltimore Medical Society, Dec. 10th, 1888.



ogy enough for calling to your attention the subject of the treatment of phthisis; but so familiar is this that we would not have ventured to present it, were it not from the fact that two cases have recently fallen into our hands which show that we still need to give the public instruction upon this subject and hence to have it called to our attention from time to time.

The first case is a young man in very moderate circumstances. When we first saw him he had been obliged to quit work, though he had still a fair measure of strength. He had been taking medicines, was confined to his room and all had given him over to speedy death. We stopped all drugs and urged his spending all time possible in the park near his house; not going there simply to walk about, but to sit there all he could. A marked improvement soon showed itself in his returning appetite and increased nutrition.

The second case was a young lady, married, the mother of children, who had been sick less than a year. She was in comfortable circumstances and had a host of friends. We found her suffering from nausea, vomiting and a most obstinate cough. Upon inquiry it was found that she was taking seven different kinds of medicine, and in addition, between meals, fed on jellies, beef tea, chicken soup, &c. The indications were obvious. The stoppage of all her medicines and her food restricted to three meals a day soon restored her stomach, and simply confining her to bed so markedly improved her cough that it required no attention. Her stomach doing its duty and the cough no longer keeping her awake at night, her improvement was very marked in a couple of weeks.

In what we shall have to say in regard to the treatment of phthisis, we will confine ourselves to the lines indicated by these two cases, as it is not possible to cover the whole field in a single paper.

We have much encouragement in reverting from time to time to the treatment of this disease. Flint says, "the mortality of this disease has undoubtedly diminished within the past half century. The explanation of the fact is to be found

in improved views as regards the management of the disease. The diminution which has already taken place in the death rate from this disease affords ground for the hope that its formidable character may be still further mitigated.

"*Management* and not *treatment* is the proper word to use; we have no specific, no combination nor set of combinations of remedies, which we can call curative. In fact hardly any worse fate could befall a consumptive than the constant use of drugs. In confirmation of this, if any were needed, the writer above quoted says "I may claim in behalf of my clinical studies in relation to phthisis the establishment of the fact that in a certain proportion of cases of this disease, it is self-limited; in other words, it ends in recovery from an intrinsic tendency thereto. Of the 44 cases ending in recovery, in 23 there was no medicinal treatment to which an arrest of the disease could be attributed." It is doubtless true that the profession is to-day securing much better results in the management of phthisis and certainly secures much more comfort to its patients by a tendency rather to the opinion that this disease has in it elements of cure, if these are properly fostered and cared for, than to the opposite opinion that it tends certainly to destruction.

Whatever value the bacillus may possess as a diagnostic means, and in whatever way the vexed question as to whether the micro-organism is the sole cause of the disease, will be settled, certain it is that it has not modified in any way our treatment. We know of no means whereby the growth of the bacillus can be directly affected, nor any means by which its access to the body and lung tissue can be prevented. For all practical purposes then in the treatment of phthisis we may leave the bacillus in the hands of the pathologist. One point it is well to bear in mind which the discovery of the bacillus has forced upon our attention, the necessity of a thorough disinfection of everything used and worn by the patient. It is claimed that the bacilli are not found in the breath of phthisical patients, but if the organism has any meaning for the general practi-

tioner it is that it is a something to be rapidly and speedily destroyed as soon as it leaves the phthisical body. All the secretions should be received into receptacles containing a disinfecting fluid (sol. ac. carbolic, 5 per cent.), all clothing frequently changed and disinfected at once, all utensils used by the patient disinfected and where the patient cannot leave the room, its atmosphere should be rendered aseptic with spirits of turpentine or eucalyptol as suggested by Sormani. It is possible to accomplish the destruction of the bacillus outside the body. So much doubt still exists in regard to how far the bi-chloride of mercury and other like agents influence the growth and development of the organism inside the body that we may safely refrain from touching upon it.

The long continuance of many cases of phthisis, the belief that the disease is necessarily fatal and that all that is needed is to keep up the general health of the patient, and treat urgent symptoms as they arise and the great amount of thoughtful labor entailed in carrying out a system of disinfection, tend to defeat all efforts in that direction. While all this is true, our duty is clear to do all in our power to urge upon the attention of our patients the value of a thorough disinfection. It would be well could the public be taught to value disinfection here as they are taught in cases of typhoid or scarlet fever or diphtheria.

The next point demanding our attention is *diet*. Drake in speaking of the earliest stage of phthisis before the rise of inflammation and fever says: "Unfortunately however, for all experimental medication in this early stage of the malady, patients generally regard it too lightly either to apply for advice or to submit to the regular and protracted use of any remedy." If this is true in regard to medication it bears with equal and even greater force upon the subject of diet, and it is this one point only that we desire to emphasize. The various articles which should make up the diet of the phthisical, when and how these should be used, are so well known that we need not speak of them. From the very beginning those suffering with

phthisis should be taught the importance of a diet, generous both in quality and quantity, to look upon it as of more value than anything else. Mothers with consumption should be firmly impressed with the idea that their offspring need more nutritious food than other children though seemingly in the best of health; any failure of the appetite and any irregularity in the functioning of any part of the body should receive prompt correction. In order then that the greatest good may be done, our patients, especially those with incipient phthisis, should be encouraged in every possible way to consult us more frequently. It is no uncommon thing for us to be called upon to see the consumptive only after his appetite and strength have been failing for some time. Time here is of the greatest value, and many a case of loss of appetite with its corresponding lack of nutrition could be prevented, would the individual only seek advice soon enough, so that his diet could be intelligently modified or regulated. The public should be taught by our daily ministrations among them, that consumption is not of necessity fatal but that constant care and attention are needed to ward off the danger, and that one of the very best means we possess is a full free, generous diet. This is familiar to all of you, yet the case cited above, (and all meet with such), goes to show that the importance of care and attention to the diet is still far from being sufficiently impressed upon the public mind. Could we finally succeed in giving to diet the place it should have in the treatment of phthisis, no one doubts but that the next fifty years would show a marked decrease in the mortality of this disease and it is only through our individual efforts that this can be accomplished.

Next to diet, and inseparable from it, we find *air*, pure, fresh air, loaded, if Prof. Loomis is correct, with the exhalations from the pine forests, free from moisture and of an equable temperature. At the present time the climatic treatment of phthisis is receiving a large share of attention, and men of reputation and experience, having the interest of no



special place at heart, have personally visited many of the places reputed to possess all the necessary climatic advantages for the cure of consumption, and have given us the result of their investigations. Wilson, Davos, St. Moritz, abroad, and the Colorado Springs in our own country, have been thus visited and reported upon, and the list is being added to each year. In view of this, it is not proposed to discuss this important part of our subject, for you have all read, or have access to, the literature bearing upon it. We desire to note the other side of the question; how shall those who cannot leave our cities secure this much needed fresh air? Dr. Boyce of Toronto, in a paper on house atmosphere, says in conclusion: "The remedies for the evils mentioned are sunlight in abundance, and the attainment of equable heating and thorough ventilation . . . . Since the occupations, urban residence and limited means make it impossible for an increasing proportion of our population to enjoy the health-giving influences of our rural residence, . . . . we shall at least conceive the assigned use of making it possible for every willing citizen to so live under his own roof as to maintain a vigor unimpaired for the discharge of the work lying nearest him . . . ." The problem then as to how those who are compelled to remain in our cities shall retain a full measure of health is continually pressing itself upon upon us for solution, and no members of the community look forward to its solution with more interest than those in the incipient or second stages of phthisis.

From the many ways in which a comparatively fresh air may be secured to our phthisical patients, we select but one, because of its great neglect, namely; the use of our parks and squares. When we were in London one of the city authorities told us that the only hope they had of improving the health and morals of many parts of the city was by cutting wide streets through them. This had been done in several instances with marked good results. We find in the very heart of London 496 acres of green grass, flowers and country walks; in

Paris we have a park 2 miles long, and each day we went there we found it the resort of invalids; in Vienna the Ringstrasse, 2 miles, in a circle, about the old city, offers its attractions to the class of invalids who cannot get away. These cities of the old world set us an example of the use they make of their streets, parks and squares, and their healthfulness is largely influenced by this fact. Dr. Edward Krull of Güstrow, in speaking of moist inhalations in phthisis, says: "All medicinal treatment is discontinued and a daily walk in the open air (with all precautions), occasional tepid baths and skin rubbing, and properly regulated diet, being the only adjuncts." His results were good.

We need not further discuss this subject; all know its value, but it is needful that we bring home to the public the fact that, if they cannot get away from the city, they have at their very doors a supply of fresh air, if they only go out and use it.

Lastly we turn to the subject of drugs and medication in general. Here we find cod-liver oil and alcohol standing out pre-eminently. The oil should be regarded strictly as a food, and everything used in administering it be kept as scrupulously clean as we do the dishes at our meals. We are well persuaded that it would fulfil its function much longer, and not so soon offend the stomach, if a new spoon were used each day and the oil poured from a four ounce bottle. It would be well if druggists put it up so only. There is so much careless use of the oil that the matter deserves renewed attention at our hands. Whether alcohol exerts its influence by a direct stimulation or as a food is still a mooted question, but that it is very beneficial in some cases and injurious in others is well known. In view of this it is important that we treat the many forms of alcohol as drugs. It has been well suggested that it be ordered only in prescription, combined with aromatics, etc., and the quantity and combination varied from time to time. This is of course not possible in every case, but, when possible, the patient should not be allowed to take it when and how he will.

We do not propose to even enter the field of individual drugs, their name is legion, and their value, if they possess any, is well known. We cannot conclude without a brief reference to other forms of medication. The results of the experiments upon the subject of the treatment of phthisis by gaseous enemata may well be condensed in the concluding remarks of Drs. Pepper and Griffith in their report: "Our conclusions, so far as they can be formulated in a preliminary report of comparatively few cases, are: That the treatment of phthisis by gaseous enemata has had very undue value attributed to it; that it is seldom of any real benefit, but it may prove serviceable in occasional cases." Dr. Bruen says, "Thus far the value of the gas seems to be that of a useful therapeutic measure rather than a curative plan of treatment." Dr. Krull of Güstrow, has recently brought to our attention a method of giving hot, moist inhalations, of which the *British Medical Journal* says: "The cases published by Dr. Krull are all examples of advanced phthisis, and his results have been such as to insure a wider trial." His apparatus consists of a cylinder, lined with coiling steam pipe, is warmed, moistened and kept at a temperature of 40° to 50° C. We have obtained over and over again very decided benefit to the cough by the inhalation of steam, and if we can thus control it and keep the stomach free from our drugs, a great point is gained. Time forbids the continuance of the subject. Could we secure a thorough disinfection of all things used by our phthisical patients; could we persuade them to consult us more frequently, that we might control any departure from their healthy condition; could we induce them to live more in our parks and squares; and lastly, could we keep drugs and all forms of medication from them, except when under our direct supervision, we doubt not but that in the next fifty years a very marked decrease would be found in the reported deaths from consumption of the lungs.

### Correspondence.

#### DANGERS OF PRESCRIBING FOR THE UNSEEN.

*Editor Maryland Medical Journal:*

The following story translated from an old French manuscript of the thirteenth century is applicable to the present day. The credulity of many persons, even those of some intelligence, still leads them to apply to quackery either in the form of sending handwriting, photographs, locks of hair, or something to a distance for their fortunes, traits of character or health.

There was once upon a time a country curate who was continually pitching into his parishoners because they consulted an old witch, who treated them after only seeing the clothes or belt of the ill one.

In spite of his exhortations he could not make them renounce this deplorable custom. What was he to do, how to manage it?

He pretended he was ill and told them to carry his belt to the old sorceress and to ask her what was the one to whom it belonged suffering from. He told them above all things not to reveal either his name or position.

The good woman took the belt, examined with attention its length its breadth, the holes by which the clothes were attached to it and then put herself to reflections.

It may be well to remark that the curate was large and fat.

At the end of an instant the wizard pronounced her judgment with a profound air:

"This belt," said she, "is that of a pregnant woman and her disease is nothing else than that of child carrying!"

The messenger of the curate returned abashed and he had no more trouble in demonstrating the absurdity of their superstition.

R. B. M.



## Society Reports.

## BALTIMORE MEDICAL SOCIETY.

STATED MEETING HELD DEC. 10TH, 1888.

*Dr. E. G. Waters* described a peculiar sensation that affects him at times, in both eyes but generally in one. There appears at the outer canthus, and gradually traverses the eye, an angular, iridescent wave of light. This is unlike the *muscæ volitantes* of Watson, and is probably due to some digestive disturbance. In reply to Dr. Blake he said he had no idea that it has anything to do with the eye but was of eccentric origin. It is not associated with dyspepsia nor inconvenience from that cause. He associates it with digestion, because preceding its appearance there is a peculiar taste in his mouth, but no stomachic discomfort. On one occasion, after eating nuts, etc., with the children, he had a sudden attack of conjunctivitis. This happened on several other days, after like indulgence. This was of gastric origin. When he did not eat such things he was not so troubled.

*D. J. T. Smith* said he had a similar case of conjunctivitis, with no œdema. A girl of constipated habit, after a laxative, relief followed in several days. Her sister was afterward affected in the same way, and her complaint yielded to the same treatment.

*Dr. W. F. A. Kemp*, related a case of typhoid fever, with some interesting features. A boy, 17 years of age, had a typical case of relapsing typhoid fever. The temperature did not rise over 102° for three weeks, and the pulse was not over 100. Then the temperature rose to 106° and persisted for over a week. Sometimes a dose of antipyrine would reduce the temperature 2 or 3 degrees, and at other times it required two or three such doses to have any effect. Quinine, in large doses, had no effect. The second (relapsing) fever lasted 23 days. He used antifebrine (acetanilide), etc., with as little effect as antipyrine. The patient recovered. He had another case which started out with all the graver symptoms, yet the fever broke on the

19th day and the patient recovered.

*Dr. J. D. Blake* said the case of lung consolidation which he had reported at the last meeting, is progressing favorably. The patient, now, the 6th week, is allowed to sit up. The trouble increased to the 14th day and since then has gradually cleared up. The respiration is now normal and the pulse nearly so. There is no expectoration and no pain.

*Dr. S. T. Earle* said it is not always possible on seeming pathognomonic signs to make a sure diagnosis. In support of this he cited the case of Drs. Janeway and Delafield of New York.

*Dr. J. D. Blake* said, in reply to Dr. Geo. B. Reynolds, that he had examined his patient sitting and lying down, anteriorly and posteriorly. He had never seen a case in which the air was so completely shut out. There was no pain at any time, no bulging of intercostal spaces, no differences shown on change of position. As a rule, vocal fremitus is decreased in pleuritic effusion.

*Dr. R. H. P. Ellis* saw the patient after he was sick. He saw at once that the lung was consolidated. There was marked increase of vocal fremitus; breathing was limited; the right lung was more than naturally dilated. The same conditions were shown in varied positions. There was no increase in size of chest when measured by the tape. The filling of the pleura with fluid would have caused disturbance of respiration. He agreed with Dr. Blake in his diagnosis.

*Dr. S. T. Earle* asked Dr. Blake if he had used his aspirator. He asked Dr. Ellis if he could give any more satisfactory solution than that furnished by pleuritic effusion.

*Dr. R. H. P. Ellis* thought the condition due to a sluggish state of the circulation in the lung, probably due to a lowering of nerve-tone.

*Dr. J. D. Blake* said he was so sure in his diagnosis that he did not want to make his patient uncomfortable by aspirating. If there were effusion it gave no evidence on change of position.

*Dr. J. T. Smith* then read a paper entitled:

THE MANAGEMENT OF PHTHISIS.

(SEE PAGE 227.)

*Dr. Geo. B. Reynolds* asked *Dr. Smith* if the cases he quoted had the objective, physical signs of phthisis. He had never seen an undoubted case get well though he had seen life prolonged. Were there any deposits of tubercle?

*Dr. Geo. H. Rohé* was glad to hear *Dr. Smith* refer to the importance of disinfection. The bacillus is of importance to physicians. Many cases prove fatal, due to continual infection. The bacillus is not dangerous when moist. The consumptive goes about our streets; he coughs and spits; his sputum dries, and as an impalpable powder, loads the atmosphere with the germs of this dire disease. Healthful tissues resist its attack, but a catarrhal condition of the air passages furnishes a nidus for its propagation.

Another point is that the use of creasote has given him good results in the last two years when seconded by careful disinfection. The following is the formula which he generally uses, under which the cough diminishes, the appetite improves and the patient gains weight, but the bacilli are not destroyed as examination of the sputum still reveals them:

℞  
Creasoti puri 3ss.  
Glycerini puri  
Tinct. Gent. Co. aa 3ss.  
Spts. Frumenti ad 3 vi. ℥.  
Sig. 3j to 3ss ter die

*Dr. J. T. Smith* said in reply to *Dr. Reynolds* that by the means suggested an impression will eventually be made on our phthisical population. He does not think the cases he referred to were cured but they were decidedly improved.

*Dr. S. T. Earle* said there is no doubt among pathologists about cures. Dead-house examinations show old cicatrices of tubercular ulcers healed.

*Dr. J. D. Blake* said we talk about the efficacy of fresh air, &c. when we know the condition of our cities. What

benefit can be gotten by going to our parks and squares, which can only be done in good weather, and then going back to their alley houses in filth, with windows opening upon a yard containing an uncleared privy and surroundings reeking with filth and uncleanness. Until the medical profession rises up as a body and forces proper sanitary conditions, we cannot hope for better results.

*Dr. T. W. Kay* said in nearly every case consumption is acquired and not hereditary, and in support of his position referred to the investigations of *Ebstein*, *Flügge* and *Klebs*. He called attention to the importance of pulmonary gymnastics in the treatment of phthisis. He referred to the Arab method of smoking, and said he found few cases among such as used it, which he thought due to the full expansion of the lungs required in the practice. He thought a trial of it worthy of consideration.

*Dr. R. H. P. Ellis* said mothers with phthisis should not nurse their children as it injures both mother and child.

*Dr. E. G. Waters* agrees with *Dr. Smith* that the patient should have pure air as often as possible. No one who has not experimented, knows how contaminated the air is. On one occasion during a continuous light rain, he put out several thoroughly cleansed glass bowls to catch water. This he put in a dozen bottles which he corked securely. After several days there was a considerable deposit on their bottoms. At the same time he got some rainwater by the spout from the roof, it proved far purer than the other. He attributes it to the fact that every yard is spouting out organic matter which we breathe.

In regard to treatment, some years ago he had four cases in a hospital. One used sugar freely, one-half pound in 24 hours, to relieve his cough at night. He improved rapidly. In several weeks he was discharged. Two other cases were treated in the same way, improved as he did and went to duty. The fourth would not take it. He died.

He has been in the habit of treating them with a solution of iodine, not so strong as *Lugol's*, with good results. He



has also used satisfactorily the iodo-hydrargyrate of potash.

*Dr. T. A. Ashby* referred to the following phases of the subject:

Phthisis is a disease amenable to treatment in all stages. Pure air is beneficial but only by full dilatation of the lungs can good results be attained, hence high altitudes compelling this, in breathing, are beneficial by fully inflating the lungs and hence not furnishing a place for a nidus.

The symptoms which distress are the result of absorption of infectious, necrotic material. We can prevent this by atomization and inhalation. He has accomplished this by means of compressed air. For it he prefers oil of eucalyptol. He believes if we could introduce antiseptics into cavities to destroy the bacillus, we could prolong life, if not affect a cure.

He referred to the almost unanimous opinions expressed at the meeting in Paris that food, especially beef and milk, from tuberculous animals, is the chief source of infection.

*Dr. E. G. Waters*, referring to the old question of whether pork caused it, said he had often wondered if Hebrews are more exempt than others. He had ascertained from *Dr. Friedenwald* and others that they are not.

*Dr. R. H. P. Ellis* said he wanted to know why we introduce the gas per rectum when it is so much easier through the lungs and thus reaches the site of the disease.

To improve the patient's nutrition in every way by environments and medications is the best way to treat the patient.

*Dr. T. W. Kay* has seen sulphuretted hydrogen used with good results in some cases; in others it was injurious; while, in two cases he has seen collapse follow, due to asphyxia.

*Dr. J. D. Kremien* endorsed the treatment by gaseous enemata and thought its use might be extended.

*Dr. J. T. Smith* said, in conclusion, that until the question of contagion be settled, we should use every means of disinfection. While all recognize the correctness of *Dr. Blake's* position, he thinks the alley patients, even in the surroundings pictured, would be im-

proved and benefitted by using the parks and squares.

HENRY B. GWYNN, M. D.,  
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EXPERIMENTAL RESEARCHES ON THE COMPARATIVE RAPIDITY OF ABSORPTION, BY THE SUBCUTANEOUS CONNECTIVE TISSUE, OF SOME ANODYNES.—*H. Chouppe* ('Comp. rend. hebdom. de la soc. de biol,' No. 26, 1888) considers it important to notice the place of injection, the substance used, and the corresponding rapidity of absorption of the drug; these conditions, says the author, must guide the physician in administering second doses of anodynes in cases where the previous injections are of latent action. From experiments on dogs and guinea-pigs the following results are given: The action of the minimum vomiting dose of apomorphine is determined in dogs after between four and five minutes; the effects appear after one minute if the same dose is given intravenously. In guinea-pigs convulsions are determined by cocaine in from ten to twelve minutes. The minimum fatal dose of strychnine causes convulsions in dogs after twenty minutes. In guinea-pigs the action is seen after twenty to twenty-five minutes. The author announced that different anodynes, equal quantities of which are injected, do not reach the general circulation with the same rapidity. As is known clinically, the effects of morphine are seen within six or seven minutes, while those of apomorphine appear within from four to five minutes.—*New York Medical Journal*.

DOCTOR'S BILLS.—The medical fraternity of Johnson county, Mo., adopted the following resolution; After January 1, 1889, no account will be allowed to run over six months from date of first visit without satisfactory settlement. All accounts are due when services are rendered. Parties who are in the habit of running bills from one year to another without paying, must continue to employ their former physician until he is paid in full, or pay cash for every visit in advance to the new one.—*Texas Health Journal*.

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Editorial.

DIAGNOSIS OF DISEASE IN THE ANTRUM OF HIGHMORE.—Among the diseases which frequently puzzle the practitioner and escape early diagnosis, are diseases of the antrum. Shut in by bony walls, catarrhal or purulent inflammation of its mucous lining may continue for months, causing only obscure pains in adjacent parts which are attributed to "neuralgia."

Dr. Schmidt (Berlin, Klin. Woch. Dec. 10, 1888), in an article upon diseases of the antrum, describes a simple method for diagnosing collections of pus or other fluids in this cavity, which may be of great value when the natural opening into the nasal cavity is closed, and when the patient objects to losing a tooth, or has no upper teeth to lose.

According to his method, a very small pledget of cotton is placed just below the antrum end of the lower turbinated bone, and being then saturated with a 20 per cent. solution of cocaine, is left in that situation for ten minutes. With a caravatz syringe-needle the anterior end of the turbinated bone is now raised,

and the needle is driven diagonally outward in the direction of the external opening of the ear. If the first attempt fails, another should be made a little higher and further back. In most cases the wall may be pierced at one or other point, and pus may be drawn into the syringe. Careful disinfection must of course be practised. The syringe-needle used in this operation should be twice as long and more than twice as thick as the ordinary hypodermic needle, with a curve like an ear catheter. Its point should be rounded, with a sharp edge. The operation is almost painless, and has no unpleasant consequences. One may obtain by it not only pus, but also bits of growths for microscopic examination.

In the last five months Dr. Schmidt has by this method diagnosed empyema in 16 cases, (in one of which it was bilateral) and has 12 times had negative results.

For repeated irrigations and prolonged drainage, he thinks a large opening through the alveolar ridge is better than a large one through the walls of the nasal cavity. He is informed that his method of aspirating the antrum has already been published, but has not been able to find the alleged publication.

ON DEBATE IN MEDICAL SOCIETIES.—The advantages which the young physician obtains from mere membership in the local medical societies and the stimulus which he receives from the effort to prepare papers to be read before it, have been recently set forth in these columns. We would now add a few words in regard to his participation in its debates. No physician should consider himself fully equipped for his life-work in the community, until he has acquired the power of expressing his thoughts clearly, elegantly and without hesitation. Whether his words be few or many, he should be able to convey to his audience a distinct idea of the thought which he wishes to communicate, and whether his words be long or short, he should so choose and arrange them that they neither weary nor offend the ear of a cultured hearer.



Hesitation in speech may be so serious as to unfit one entirely for social converse, but not many such cases are found among medical men.

The milder forms, with which we commonly meet, may be either cured or so modified as to be scarcely noticeable. With these forms may be classed that strange habit, for which English physicians are so noted, of interlarding a discourse with meaningless and offensive "ah's" and "er's". For the culture of a graceful and accurate style of speech, no better school need be sought than the medical society. The member who earnestly reflects upon and studies up the subjects announced for coming meetings upon the card of notice, and who takes part boldly and carefully in the discussion of those subjects in regard to which he has desirable information, will meet with respectful attention, and will almost certainly improve in his diction, and in time acquire grace and fluency of speech, and learn to express his thoughts clearly and tersely. There are striking examples of such improvement in the societies of this city, and those members are only to be pitied for their sensitiveness who, possessed of learning, experience and medical insight, listen with sealed lips to the imperfect discussion of familiar subjects, fearing to take part because they have never learned to arrange their thoughts quickly and to express them clearly.

**IMAGINARY LINGUAL ULCERATION.**—Many obscure affections which the careless physician is satisfied with labeling "neuralgia," and putting aside as unworthy of further consideration, are taken up from time to time by more earnest workers and brought to the attention of the profession.

In his article in the *Medical News* November 17th, 1888, Dr. Lefferts, discusses a disease of this character, located in the tongue. A patient, male or female, from 35 to 50 years of age complains of intense pain, lancinating, generally intermittent, on one side of the tongue, either extending from its base near the tonsil to its tip, or limited to the junction of the posterior and middle

third, near the posterior lenticular papillæ. The movements of the tongue, which are free, increase it, and hot or irritating ingesta excite it. Its effect on the patient is demoralizing. He firmly believes that there is ulceration, which he fears will end in cancer. The trouble effects not only the hypochondriacal, but those who show no signs of a neurotic or nervous temperament. It may be found even in the robust, and is a real and painful affliction. There are no other subjective symptoms, except slight salivation when the pain is intense.

Upon examination, the tongue seems normal, unless irritation has been produced by decayed teeth, or by injudicious treatment. The patient points out, as the seat of pain, the lateral line between the rough epithelium of the dorsum and the smooth mucous membrane below. The theories of older writers, who ascribe it to "pure neuralgia" "hypochondria" or "irritable papillæ," are unsatisfactory. Local irritation from the teeth or metal fillings will not account for it. Dr. Lefferts has relieved a few, but only a few, patients by treating an underlying general disease, such as gout or rheumatism.

Ridicule does no good, caustics produce inflammation, and increase the pain. Cocaine, aconite and other such remedies often fail, whether given hypodermically or by the mouth. Electricity is usually of service.

Neurotomy is too difficult to perform. Dr. Lefferts has had few successes, and many failures, as others have had, and will welcome suggestions for treatment.

### Miscellany.

**MEDICAL VOLAPÜK.**—Dr. Nicolas, a gentleman with evidently a strong faith in his cause, advocates, in the *Journal de Médecine de Paris*, the adoption of the international language for medical purposes. His sketch of Volapük is flattering to that tongue. The article is abolished, and, better still, there are no genders. We agree with Dr. Nicolas that the presence of a declension is an obstacle to the diffusion of the language.

As the cases are said to cover indefinite shades of expression, as in German, we doubt that such an arrangement would be tolerated outside of Germany, German Switzerland, German Austria, and the "Pennsylvania Dutch" speaking population of the United States. The lexicology of Volapük is especially important to medical writers who believe in the establishment of that language. The cutting down of consonants and vowels would play havoc with roots of Græco-Latin words, so abundant in medicine and so generally understood as to answer most of the objects of a universal language. Terminal syllables modify the sense of roots. After the roots have been learnt, however, the modifications must not only be learnt, but understood. Thus "eye" is *log* in Volapük. *El* being a "professional termination," *logel* means "oculist." The adjectival termination *ik* makes *logik*, "from whence 'logamikel,' optician." Why "from whence?" How can *el* added to a simple root be universally understood to imply a professional man, and the same *el*, added to the adjectival modification of the root, be safely made to convey the idea of a tradesman? A Volapük paragraph on "Professional Etiquette," a fine familiar subject for the beginner, would be very interesting to study. Dr. Nicolas cannot see his way to forming from *log* words to express "ophthalmia," "cataract," or "blepharitis." We cannot help him. The building up of roots taking in tow a string of modifying terminals could alone settle the question on Volapük principles, and this arrangement would lead to endless confusion in medical literature. The literal translation of any word would be no guarantee of its true sense. just as *Beispiel*, the German for "example," has been rendered "by-play" by ignorant, yet too philological, Britons. The use of prepositions, or of verbs which more or less obviate their use, would lead to inextricable confusion whenever a Frenchman attempted to explain a clinical history or pathological report to an Englishman or German. For precision is absolutely imperative in such reports. To ask for a pint bottle of

claret or the way to the post-office can often be done by means of nouns, infinitives, and pantomimic action. Volapük might prove of real use, under similar circumstances, in Russia, Portugal, or Hungary. But for medical literature, and for learned society oratory, the new language would be, we believe, impracticable. The bulk of the profession in the British Empire and the States read few or no foreign works. On the other hand, there are plenty of doctors who make capital translations of French and German medical writings. Far easier and infinitely more profitable would it be for any medical man to learn the tongues of Voltaire and Goethe than to attempt to get up an artificial dialect, devoid of precedents, prestige, or poetry, and to learn how to express "eye," "oculist," "visual," "optician" and "ophthalmia" by a root and terminals in such a manner that a foreign Volapük-scholar may, by chance, understand him. —*Brit. Med. Journal.*

THE GROWTH-RATE OF THE BONES OF THE LOWER EXTREMITIES.—Mr. Walter Pye ("Jour. of Anat. and Physiol.," Oct., 1888) thus summarizes the results of his observations: In the second year the thighs grow at first at a rate of a little more than a seventh of an inch, and the legs a little less than a seventh of an inch a month; this gradually lessens until at the end of the year the rates are respectively a tenth and a little more than a twelfth of an inch. The monthly growth-rate goes on in diminishing rates until the eighth year, when it is an eighteenth and a twentieth of an inch.

He does not believe that during the period of development of femoral and tibial curvatures the growth-rate of the bones is, as a rule, diminished, except in cases of acute rickets with marasmus, although the child may not seem to grow taller, or may even seem to become shorter. This seems probable, because, if these patients are watched a year or two, we often find they are not permanently dwarfed, and that they will eventually show few signs of the deformity. This could hardly be if the growth were arrested or retarded in the



second or third years of life—the usual time for rickets to appear, and the period of most rapid growth of the limbs. Actual measurement of limbs with curvatures, the real length of the limbs being taken, shows also that the actual growth of the leg and thigh is not less on an average, than the growth of a straight limb at the same age.—*N. Y. Med. Journal.*

**ACCIDENTAL RASHES IN TYPHOID FEVER.**—In a paper upon this subject read before the Section of Medicine of the Royal Academy of Medicine in Ireland, Dr. John William Moore sums up his conclusions as follows:

1. Not infrequently, in the course of typhoid fever, an adventitious eruption occurs, either miliary, urticarious, or erythematous.

2. When this happens, a wrong diagnosis of typhus, measles, or scarlatina respectively may be made, if account is not taken of the other objective and subjective symptoms of these diseases.

3. The erythematous rash is the most puzzling of all; but the prodromata of scarlet fever are absent, nor is the typical course of that disease observed.

4. This erythema scarlatiniforme is most likely to show itself at the end of the first, or in the third, week of typhoid fever.

5. In the former case, it probably depends on a reactive inhibition of the vaso-motor system of nerves; in the latter, on septicæmia, or secondary blood-poisoning; or both these causes may be present together.

6. The cases in which this rash appears are often severe; but its development is important rather from a diagnostic than from a prognostic point of view.

7. Hence, no special line of treatment is required beyond that already employed for the safe conduct of the patient through the fever.—*Dublin Journal of Medical Science*, December, 1888.—*Medical News.*

**THE VIRULENCE OF TUBERCULOUS SPUTUM.**—Dr. De Toma, of Lesa (*Annali univ. di med. e chir.*, March, 1888), made a number of experiments to de-

termine the virulence of tuberculous sputum, and obtained the following results:

1st. Tuberculous sputum excluded from the air and kept at a constant temperature of 68° F., retained its virulence up to the ninth or tenth day; and the tubercle bacillus, under the same conditions, up to the fourteenth or fifteenth day.

2d. Tuberculous sputum which had been exposed to the air retained its virulence from two to nine days, while the tubercle bacillus lived from six to fourteen days.

3d. Microbes from the mouth and nasal secretion which had found their way accidentally into the sputum, did not, as a rule, when inoculated, hinder the action of the tubercle bacillus, except when mixed with a large quantity of phlegm, in which case they developed more rapidly than the tubercle bacillus, and became on their own part an infectious medium.

4th. Decomposition destroyed the virulence of the sputum within three to nine days, and killed the tubercle bacillus within six to fourteen days.—*Centralbl. f. klin. med.*, Dec. 15, 1888.—*Med. News.*

**DANGER IN THE POSTAGE STAMP.**—The *Sanitary News* calls attention to the fact that a postage stamp may in various ways convey contagion. One of the simplest and most plausible is that in which a postage stamp, partially attached to a letter to pay return postage, is sent by a person infected with some disease to another person. The disease is transferred in the first place to the adhesive stamp through the saliva, and in being attached to the letter by the receiver the poison may be transmitted to him in turn through the saliva. Another cause may be the infection of the stamp with disease germs. The stamp, having been exposed in a room where a diseased person lies, may become slightly moistened and thus retain the germ. That this is true can be proved very simply by a microscopical examination. We often see a person holding change for a moment in the mouth, probably not knowing

that investigation has shown that diseased germs can be carried by money. If one could see through what hands the money has passed they would hesitate before using such a third hand. Silver money is as bad as paper money, but while many would hesitate to hold a dirty bank note in their mouth, they think that a silver piece, because bright, is apparently clean.—*The Journal*.

EXPERIMENTAL STUDIES ON SEA-VERTIGO.—Pamponkis ("Jour. des. soc. sc.," No. 36, 1888), concludes his work as follows: 1. Most animals are susceptible to sea-vertigo, but they vomit very rarely. 2. Dogs suffer enormously, showing dilatation of pupils, loss of equilibrium, anorexia, and muscular tremors. 3. The respiration is more frequent, but shallow in the beginning of the balancing; after a short time the contrary occurs. 4. Rabbits present approximately the same symptoms as dogs. 5. The comparison of the results obtained with sea-vertigo in men shows that this malady is the result of the brisk movements of the vessel, and especially when the latter sinks into the waves. 6. Idiosyncrasy influences the manifestation decidedly. 7. The most radical means of avoiding this malady is to ask the navigation companies to suspend the beds after the marine-lamp system.—*New York Medical Journal*.

EXTERNAL APPLICATION OF CHLORAL HYDRATE IN NIGHTS-SWEATS.—Dr. Nicolai (*Gazette Medicale*) has obtained very favorable results from the use of chloral hydrate in the night-sweats of phthisis. Every night before retiring the entire body of the patient was sponged with the following:

R.—Chloral hydrate . . . 3 ij.  
 Alcohol }  
 Water } . . . āā 3iij—M.

Should this not suffice, the patient's night-dress is saturated with this solution, then allowed to dry, and worn.

This mode of treatment also gave excellent results in the night-sweats of children the result of phthisis. Two or three of these spongings will generally

suffice to check a sweating which has persisted for two or three weeks.—*Bull. Thérapeutique*, December 13th, 1888.—*Med. News*.

POISONING BY ANTIFEBRINE.—A book-binder, aged thirty-eight years, obtained thirty grains of antifebrine from a druggist in Berlin for a headache, and, after twenty-four hours, thirty grains more, each quantity to be taken at one dose. A quarter of an hour after taking the second dose, the patient experienced great depression, with cold sweats, vertigo, anxiety, and heavy palpitation of the heart, with small and frequent pulse. The face and hands soon became dark and bluish. After the administration of some black coffee and castor oil, and the application of a mustard plaster to the abdomen, the blue color disappeared; by degrees the other symptoms followed, except the faintness, which lasted several days.—*Apoth. Zeitg.*—*Med. News*.

PHOTOGRAPHY OF THE MALE BLADDER.—We hear that Mr. Hurry Fenwick, and Mr. Pearson Cooper of the London Camera Club, have been working for some considerable time at photography of the human bladder. Various obstacles were in turn recognized and overcome, and they have now so far perfected their vesical camera and method as to obtain good negatives of the interior of "dummy" and dead bladders. They hope before very long to describe a method of recording the appearances and progress of diseases of the living bladder. The negatives are taken *per urethram* through a tube of 23 French calibre (11 or 12 English).—*Brit. Med. Jour*.

LEPROSY INOCULATED IN A CRIMINAL.—Some time ago, in commenting upon the bacteriological work of Dr. Arning, we stated that he had tested the question of the inoculability of leprosy practically upon a convict, at Kearn. The operation was done in November, 1885. It is now stated that the man is suffering from tubercular leprosy.—*Medical Record*.



### Medical Items.

Scarlet fever is said to be very prevalent in Washington.

Dr. Pinkey L. Davis was married on Wednesday to Miss Grace Armstrong of this city.

A Memorial Hospital has been opened at Long Branch.

Dr. Theophilus Parvin has been elected President of the Obstetrical Society of Philadelphia.

At the annual meeting of the College of Physicians of Philadelphia, held last week, Dr. D. Hayes Agnew was elected President for the current year.

Dr. Alfred Whitehead, of this city, was married Friday morning at Washington, D. C., to Miss Amy Gertrude Roe, daughter of Mr. I. B. Roe, of Long Island, N. Y.

Travelers to Italy should be warned of the great prevalence of smallpox throughout the peninsula. Piacenza, a populous city in the Alta Italia, is the last scene of its outbreak.

The professors of the University at Tomsk, have given up the whole of their first half-year's fees for the benefit of the students, nearly all of whom are very poor.

The new City Hospital, connected with the College of Physicians and Surgeons, will be five stories high, with a capacity of 300 beds. It will have all the modern improvements, and be ready for occupancy soon.

A woman in Edinburgh, Scotland, is reported pregnant at the age of sixty-two, it being her twenty-third time. She was also pregnant at the ages of forty-seven, forty-nine, fifty-one, fifty-three, fifty-six and sixty.

The most heavily endowed educational institutions in the United States are:—Girard College, \$10,000,000; Columbia, \$5,000,000; Johns Hopkins, \$4,000,000; Princeton, \$3,500,000; and Harvard, \$3,000,000.

Dr. Thos. G. Morton, recently, at the Pennsylvania Hospital, Philadelphia, for the relief of a large innominate and subclavian aneurism, tied the carotid and axillary artery, with excellent result, and the patient was discharged with the signs of aneurism greatly diminished.

The following are among the largest sums given by individuals in the United States for educational purposes:—Leland Stanford, \$20,000,000; Stephen Girard, \$8,000,000; Johns Hopkins, \$3,148,000; Asa Packer, \$3,000,000 to Lehigh University; Ezra Cornell, \$1,000,000; James G. Clark, \$1,000,000.

Press dispatches indicate that smallpox exists in widely separated portions of this country. It is reported to be spreading in Albany, N. Y., and the inmates of Auburn State Prison are to be vaccinated. It is also increas-

ing in New Washington, Ohio, to such an extent that business has been interfered with and trains are not allowed to stop. A few cases are reported from Newport Kentucky,

The United States Commission for the investigation of hog cholera have concluded their labors in Baltimore for the present and have gone to South Carolina. The Commission is composed of three members—Professor Shakespeare, of the University of Pennsylvania, Chairman; Dr. B. M. Bolton, formerly of Johns Hopkins University; and Professor Burrill, of the Botanical Department of the State Agricultural College of Illinois.

*Lamphear's Kansas City Medical Index* very pertinently inquires why the *Medical News* and one or two other American Medical Journals "publish under the head of 'Medical Progress' a lot of extracts from German, French and English (mostly German, of course) Medical Journals. Is there no 'Progress' in America? Why not use a heading 'Extracts from Foreign Journals' instead of 'Medical Progress'?"

The self-prescriber has already heard of sulphonal and is taking it in the maximum dose in order to produce sleep. He is also recommending it to his friends who cannot sleep, in doses which are not free from danger. The popular use of antipyrin, which has been going on for over a year, has done no little injury; we have known thirty grains to be advised by one layman to another as an initial dose. We predict that the time must come, through the multiplication of these potent neurotic medicines, when physicians will insist upon the non-renewal of these potent prescriptions by pharmacists without a written order. It seems to us quite probable that we have simply arrived at the threshold of this department of chemical work, and that the profession will be compelled to throw additional safeguards around the unauthorized use of these powerful agents.—*Med. News.*

The twenty-third anniversary and banquet of the Baltimore Medical Association was held last Monday night at Tierney's, on North Calvert street, and was attended by a large number of the members. Dr. John J. Pennington presided. Among those present were Drs. J. H. Scarff, C. H. Jones, Prof. George H. Rohé, William F. A. Kemp, G. Lane Tanyhill, John Neff, Richard Gundry, of Spring Grove Asylum, John M. Hundley, G. F. King, Aaron Friedenwald, J. W. Chambers, James E. Gibbons, T. W. Kay, Robert H. P. Ellis, J. D. Blake, J. S. Conrad, Thomas B. Evans, J. E. Michael and others. The officers are as follows: President, T. A. Ashby, vice-presidents, Samuel T. Earle and J. Harvey Hill; recording and reporting secretary, H. B. Gwynn; corresponding secretary, W. E. Wiegand; treasurer, E. G. Waters. The executive committee are J. T. Smith, J. D. Blake, George H. Preston. The committee of honor were J. L. Ingle, J. E. Michael, John Neff.

Original Articles.

PREGNANCY AND OPERATIVE SURGERY. THEIR MUTUAL RELATIONS.

BY LOUIS McLANE TIFFANY, M.D.,

Professor of Surgery in the University of Maryland.

(Continued from page 226.)

CASE XX. *Noxious influence of traumatism upon pregnancy, and of abortion upon a surgical operation.* (A. Faucon: *loc. cit.*)—I observed, in 1864, in the clinic of Prof. Rigaud, while I was an interne in the Strasburg Hospital, a case of cauterization which was followed by a disastrous result.

A woman of thirty-eight years, brunette, and of sound constitution, came to the hospital to be treated for a tibio-tarsal arthritis of several months duration, and which had resulted from a neglected sprain.

Without chloroforming the patient, six long burns were made over the anterior part of the articulation, by means of the knife-shaped cautery. This painful operation was done in the morning, and was followed, in the evening of the same day, by the expulsion of an ovum of two and a half months. The patient a widow, had not informed the physician of her condition.

Under the influence of this abortion the diseased joint began to suppurate, which necessitated, after several weeks, the amputation of the limb. The patient succumbed shortly after to pyæmia.

At the autopsy, nothing abnormal was found in the womb or peritoneum, there were, however, some metastatic abscesses in the lungs.

CASE XXI. (A. Faucon; *loc. cit.*).—L. came to the hospital November 19, 1881. Two days previously, while filling a kerosene lamp, she dropped it, her clothing took fire, she fell and became unconscious. Some one, fortunately, put out the fire; when she came to, she

found that she was burned over the right knee and elbow, and had also a deep burn on the thigh of the same side.

A deep eschar, and a burn of fifteen square centimetres were found over the external surface of the right thigh. When the eschar fell, the muscles were found to have been implicated also.

She was treated after the method of Lister, and no complications occurred, either in the wounds or uterine.

She was taken to the Maternity Hospital in the beginning of July, where she gave birth to a healthy, well-developed child. After her delivery, she remained six weeks in the hospital; during that time, the burns, treated with salt water, were the seat of abundant suppuration; she was, however, cured completely after a lapse of six weeks.

CASE XXII. (Dr. William Hunt: *American Journal of the Medical Sciences*, lxxxi., p. 186).—A woman, aged thirty, in the ninth month of pregnancy, was very severely burned. On admission to hospital, fetal heart-sounds were heard, but ceased the following day. At 5.20 P. M. of this day labor came on actively; a dead female child was born.

"The child was apparently blistered and burnt in places almost exactly corresponding to the injuries of the mother."

Of these burn cases, the first evidently as stated, was septic, but it is not clear that miscarriage was induced by such a condition. The patient was a widow, and the parentage of the offspring remains an uncertainty; and the same may be said in regard to any inherited disease. Shock appears to be the most probable cause of the abortion.

Antiseptic treatment is stated to have been resorted to in the second case, the patient going safely through confinement at term, with open wounds. Abundant suppuration subsequently followed a change of dressings—salt water. Comment is needless.

In the third case, miscarriage followed fatal burns, the patient being almost at term. The condition of the child is suggestive, and will be referred to later.

CASE XXIII. (A. Faucon; *loc. cit.*)

\*Read before the American Surgical Association, September 20th, 1888, in the 1st Triennial Congress of American Physicians and Surgeons.



—M., aged thirty years, came to the hospital April 3, 1883. Single, but in the eighth month of pregnancy; has had four children, all normal deliveries.

Patient is thin, pale, and of lymphatic temperament. She noticed a few days since, the swelling of a gland in her neck, behind left ear; tumor of rapid growth and painful enough to prevent sleep. Movements of neck very painful; movement of lower jaw difficult, as was deglutition. Temperature normal. On the 5th she was chloroformed, the tumor was incised, and a large quantity of pus escaped. Drainage tubes inserted, wound dressed *à la Lister*. Gave iodide of iron and quinine.

She eventually recovered, and had a normal delivery.

CASE XXIV. (A. Faucon: *loc. cit.*)—S., aged twenty-one years; came to hospital for a suppurating mammitis.

Patient of lymphatic temperament, a blonde, of previously good health. No history of traumatism to account for the disease. Abscess is in the left mamma, as large as the fist; opened with thermo-cautery; drainage tube introduced; Lister's dressing. Three weeks later, patient left hospital with a small fistula. Dec. 2, 1882; returned for an abscess in same mamma; fistula not yet closed. It was likewise opened with thermo-cautery, and drainage established. She was completely cured, and left Hospital Jan. 1, 1883.

When the patient presented herself at hospital she was six months pregnant. She was safely delivered of a living child at term.

CASE XXV. (*Ind. Pract.*, Buffalo, 1885, v. i. 580).—Patient, aged thirty-five years, in sixth month of pregnancy. Consulted writer for a growth on right side of upper jaw, the size of a hickory nut. It enveloped a portion of crown of lateral incisor, cuspid, and bicuspid teeth. Diagnosis: Epulo-fibroma. Patient was etherized and the tumor, teeth, and involved portion of the bone removed in a common section made by the circular saw. No shock resulted; patient did not even go to bed, and after two or three days went about her work as usual.

Pregnancy apparently not disturbed in the least. No further details of case given.

CASE XXVI. (Pilcher: *Proc. M. Soc.*, Co. of Kings, 1879, iii. 388-390).—Mary A. McP., aged fifty-eight years, mother of three children, eight months advanced in fourth pregnancy. Has a tumor of the right breast dating from before her third pregnancy. At present the whole gland and the skin over it is involved; ulceration is present at one point. Axillary glands enlarged. Immediate removal advised and accepted. All diseased tissue was taken away, including axillary glands; flaps were brought around from the axilla to replace the skin removed. Rapid healing took place. No interference with the course of pregnancy. Confinement at term of a healthy, well-developed child. The tumor presented the gross appearance of scirrhus.

CASE XXVII. (Dr. St. H. Serre: *Gaz. Hebdom. d. Sc. Med.*, Montpellier, 1885, vii. 589-592).—F. C., aged thirty-eight years, single, came to hospital May 8, 1882. In the fourth month of pregnancy. Wishes to have a tumor on her right breast removed. She first noticed the growth two years since; three months ago it began to ulcerate . . . . The whole mammary gland is invaded by the tumor. . . . Patient complains of lancinating pains in it; it is rapidly growing of late; glands of axilla swollen. General condition of patient quite good; no symptoms of cachexia. A few days after patient entered hospital she developed an erysipelas over the right breast; soon cured, however. On the 23d, the patient having been etherized, the tumor and mammary gland were entirely removed. . . . The ganglion in the arm-pit was likewise removed, the skin being incised with the thermo-cautery. Lister's dressing applied. Microscopical examination of tumor shows it to be a fasciculated sarcoma. . . . The wound suppurated freely.

June 7th. It was very painful, and ulcerated in spots.

June 9th. High fever, no appetite, dyspnoea, great pain.

June 15th. After great suffering, patient died. Post-mortem showed foetus must have died a few days before the patient did.

CASE XXVIII. *Echinococcus of omentum, complicated by pregnancy; complete removal of the echinococcus by means of laparotomy; recovery:* (Rein, G. E: *Journal of Midwifery and Diseases of Women*, St. Petersburg, 1887, i. 115-125).—The patient, a cook, aged twenty-five years, native of the District of Kiow; in a good general state of health; is now in her third pregnancy (month not mentioned). She was delivered of a child at the lying-in hospital three years since, after a normal pregnancy and labor. Some time after this a swelling appeared just below the region of the liver, about the size of the fist; it developed in size to such an extent that it made the patient uncomfortable, and she desired to have it removed. In September and October, 1886, she suffered much pain in the diseased region. The operation of laparotomy was performed according to aseptic methods, October 8, 1886. An enormous echinococcus of the omentum was found, which was removed. The wound was dressed, and was completely healed in twenty days, when patient left the hospital. There was no disturbance of pregnancy. (A portion of the omentum had to be removed with the growth). No further mention of confinement, labor, etc., but the author thinks it was normal at term.

CASE XXIX. (Casanovo et Poulet *Revue de Chirurgie*, 3, 1888, p. 207), L. D., twenty-three years old, in the second month of a first pregnancy, sought relief on account of a tumor projecting below the left false ribs. Hydatid of the spleen was diagnosed, and punctured. Some weeks later suppuration became evident and a free opening was made with a knife, a second suppurating sac was also opened. About three litres of purulent fluid containing many hydatids were evacuated. Drainage and irrigation were instituted, the patient recovered and the course of pregnancy was not disturbed.

These cases of tumor are most instruc-

tive, one case only dying, the cause being septic absorption, yet miscarriage did not take place.

CASE XXX. (A. B. Vesey *British Medical Journal*, London, 1878, ii., 517).—A woman, æt. thirty-five, was admitted to hospital in November, 1876, collapsed and delirious; she had had her left arm shattered to above the elbow-joint in the rollers of a flax mill; had lost much blood; she was found far advanced in pregnancy, but denied it. . . . The limb was removed at the middle third by the ordinary circular operation. . . . After the operation, she was very restless, but gave no other indication of being in labor. In the evening it was evident that she was in labor, and ten hours after the operation she was delivered of a son, the patient lying on her back. Placenta came away soon afterward. . . . She made an uninterrupted recovery and suckled her child. . . . She has since told me that labor commenced immediately after the operation, she was consequently ten hours ill. She also stated that she was about two or three weeks from the full period of being delivered. Mother and child left hospital well. Child has since died of croup.

CASE XXXI. *Neglected injury of the thumb, followed by abscess, gangrene and septicæmia; death.* (Billroth: *Allg. Wien. med. Ztg.*, 1882, xxvii., 73).—The patient, a robust woman, in middle life, of good constitution, six months' pregnant. Pricked herself upon the right thumb with a fork, and neglected the wound, going about her work as usual. The thumb festered; inflammation extended to forearm; cellulitis. Treatment by free incision. Some days later her hand turned grayish-black; inflammatory redness creeping up the arm, abscess in the fossa cubitalis. Patient being chloroformed, the arm was amputated at middle. Patient's subsequent condition was throughout unfavorable. The stump was treated after the manner of Von Bruns (earth-treatment). Third day after operation granulations in the stump had a pale and unhealthy look. Abortion took place with scarcely any expulsive efforts, the patient scarcely noticing the occurrence,



. . . High temperature persisted; stump became gangrenous; metastatic abscesses elsewhere; on ninth day after amputation, patient died of septicæmia. Autopsy showed some pleuritic effusion, peritoneum normal. . . .

No surprise is caused by the fact that miscarriage occurred in both cases. Great shock in Case XXX., and septicæmia in Case XXXI., being the respective causes.

CASE XXXII. (A. Faucon: *loc. cit.*)—A. H., aged twenty-two, entered hospital April 2, 1881. She was in the eighth month of pregnancy. While engaged in her labors at the weaving mill, her thumb was crushed by the machinery. There was exposure of the inter-phalangeal joint, denudation of the inferior third of first phalanx and avulsion of tendons. The thumb was dressed with phenated cotton and put upon a splint. The wound, with the exception of a slight suppuration, healed kindly. She was delivered at term of an hydrocephalic child without accident.

CASE XXXIII. *Blows received by a woman four and half months' pregnant; no bad effects upon gestation.* (A. Faucon: *loc. cit.*)—L., æt. thirty, came to the hospital February 9, 1882. Of good constitution. Has had several children. Was attacked a few days previous by a man who beat her unmercifully. On examination, a few superficial excoriations were found on the face, an ecchymoses on the abdomen, over right iliac fossa. The uterus lies about two and a half inches beneath the umbilicus. Patient has not yet noticed the movements of child; no fœtal or uterine sounds heard; no oozing of any kind from the vulva. The neck is large, soft, and velvety, the os transverse, and admits the end of the finger. Patient complains of pain over seat of ecchymoses, but this pain seems superficial; no hematuria or bloody stools; palpation of uterus slightly painful. She was ordered rest in bed, and friction with camphorated oil over hypogastrium. On the 15th, she left hospital. She had a normal delivery at term.

CASE XXXIV. (A. Faucon: *loc. cit.*)—F., aged nineteen years, entered hospital January 31, 1882. Began to men-

struate at fourteen; had a normal labor fifteen months since; has no uterine disease. Had her last monthly on August 6th. During that month, her lover had threatened several times to stab her; about Christmas time he renewed his threats while under the influence of liquor. She was so frightened that she jumped from a second story window, falling upon the ground; she immediately got up and ran away. Soon after, however, she could no longer walk, and was obliged to remain in bed three weeks. Complained of violent pains over the right hip. For three days after her fall she had a slight bloody flow from the vulva, and also complained of lumbar pains. Womb rises to a point about one inch above umbilicus. Nothing abnormal was found on examination. She left hospital the 15th, without further complications, and admitted that she had only come there to escape the pursuit of her lover. The story she had related of her fall was, however, found to be true. She had a normal delivery at full term.

CASE XXXV. (E. Sibois: *L'Union Med. du Canada*, July, 1887, vol. i. No. 7, p. 345).—On December 1, 1886, the writer was called to see Mrs. H., who had just had a severe fall. The patient weighing one hundred and ninety pounds, had fallen, head first, from the top of a wall ten or twelve feet high. When seen, blood was flowing from nose and ears, and she was delirious. Five hours later, in spite of treatment, she was comatose; complete insensibility, dilated pupils, paralysis of bladder and rectum(!), laborious respiration, irregular filiform pulse. Another physician diagnosticated fracture of base of skull, and a hopeless case.

At 11 o'clock P. M., respiration became less laborious, and the next morning, fourteen hours after the accident, she was perfectly conscious, and complained of terrible pain in the head, neck, and shoulders. I knew that she was pregnant. Ten days after the accident, she lost some blood (about two ounces), and this was followed by the expulsion of an ovum, without parturient pains. Two days later, patient was apparently

as well as ever. The expelled ovum was entire; the embryo was between seventy and eighty days old. May 16th, or seven months after the accident related, Mrs. H. gave birth to a boy, at full term, weighing ten and a half pounds. She had, therefore, after the accident, lost one half of a double conception.

CASE XXXVI. (*Loviot: Bull and Mem., Soc. d'Obs. et Gyn. de Paris*, 1887, ii. 87).—Mrs. G., aged twenty-five years, came to the hospital during the latter part of December, and there gave birth to a child at term. Has had two boys and a daughter, after normal and easy labors. Menstruated at fourteen. While in the second month of her last pregnancy, though the fact of her being pregnant was unknown to both operator and patient, the left eye was enucleated, having been diseased since the age of fifteen, when she had typhoid fever. There was no disturbance of pregnancy, and the child was born at term. (No further details of case).

Of these thirty-six cases, miscarriage occurred in nine and a half, the half being case XXXV., in which the woman aborted one-half of a twin conception, carrying the other half to full term. From this number are to be subtracted Case X., the woman being at term and aborting forty hours after injury; Case XIV., the woman being at term; and Case III., the woman in the ninth month being delivered of a healthy, strong child four days after a wound, because it does not appear that the wounds directly induced labor, the time of confinement having arrived. In Case XV., the miscarriage cannot be charged to the simple surgical procedure of ten days before. Case XXXV., may be also omitted, and there remain five cases, I., XX., XXII., XXX, XXXI, for consideration. Cases XX., XXII., and XXX., miscarried as the direct result of shock; XX., subsequently dying of sepsis; XXII., dying from the severity of the injury which induced the abortion; XXX. recovering and nursing her child, for gestation had advanced into the ninth month.

Traumatic peritonitis is chargeable with the result in Case I., and sepsis in

Case XXXI. Unfortunately, the histories of these patients are defective, notably, in regard to the occurrence or not of previous miscarriages, and in regard to the working condition of internal organs, the kidneys for example. Research for predisposing disease, syphilis, does not in all cases appear to have been made, and much doubt must necessarily exist in this direction, as has already been mentioned.

Of the thirty-six cases, there died five; one from shock, Case XXII., the other four, XIV., XX., XXVII., XXXI., from sepsis; a more eloquent appeal in favor of the teaching of Lister it is difficult to imagine, or one which should more deeply impress the surgeon.

The relation between pregnancy and suppuration has always been a matter of importance; it is so no longer in aseptic wounds. Should a wound cease to be clean, the record above shows that danger is to be expected. In a rather extensive literature on the subject of suppuration during pregnancy the principles of antiseptic surgery have been ignored until recently.

*Mulier in utero ferens, secta vena, abortit, eoque magis si sit fetus grandior*, says Hippocrates, book 5, aphorism 31; and this was accepted until during the seventeenth century when owing to the teaching of Fernel, it became the fashion to bleed pregnant women. Later, however, traumatic fever, owing to defective wound treatment, was considered an associate more or less intimate with hemorrhage, and this opinion may be considered to exist until the era of antiseptic principles. It is not possible to suppose that during the seventeenth and eighteenth centuries, and perhaps later, pregnant women were habitually bled if the practice was a fruitful cause of abortion.

Moriceau (T. Cornillon, *Thèse*, Paris, 1872), mentions a woman who was bled forty-five times during one pregnancy, and another who was bled ninety times.

E. Petit (*Thèse*, Auxerre, 1872) records three cases of ruptured varicose leg veins; the patients died without aborting; also three cases of ruptured varicose vulvar veins, who likewise died without abort-



ing. The cases recorded in this paper do not indicate hemorrhage as a cause of abortion.

If there is such a thing as that which is known under the name of maternal impression, one would think that a series of accidents and surgical operations should afford indisputable examples. This scarcely seems to be so, however. Of the cases here tabulated, in two only is the child mentioned as being malformed in any way, Cases XXII. and XXXII. In the latter of these two examples a hydrocephalic child was born after the mother had sustained a severe crush of the thumb one month previously. It is difficult to suppose that the two conditions bear to each other the relation of cause and effect. Case XXII. cannot be dismissed with so brief a comment. The very remarkable similarity existing between the lesions of mother and child are worthy of careful study, and this study would be greatly assisted if it were known whether or not the woman had given birth to a child, or children, marked with blisters, or if there was present a disease possibly inducing such lesions. This information is not contained in the report of the case. After a careful survey of all cases reported prior to and since the Geneva Congress, I can find no justification for the opinion that the child in utero is liable to deformity as the result of a surgical operation performed upon the mother.

The maternal impression idea is widespread, and the following supposed example may be worth quoting as it bears upon the question of blisters present at birth.

CASE XXXVII. (*American Journal of the Medical Sciences*, July, 1857, p. 285) A little daughter of Mrs. H. fell on a cooking-stove sufficiently hot to burn slightly. The mother coming into the room quickly, feared that the child was fatally burned. The child was slightly burned on face, hands, and arms. Mrs. H. was in seventh month of pregnancy, and was delivered two months later of a child having many blisters on its face and limbs. The blisters resembled those

following a burn. The child lived three days.

Another child was born about fourteen months later blistered "precisely on the same parts and in the same manner as the above described one." Inflammation set in and nearly all the fingers and toes sloughed off. In a subsequent confinement a healthy child was born.

One is strongly inclined to suspect congenital syphilis here, there being two children affected similarly. The identical distribution of blisters is to be noted, and sloughing of fingers and toes as a sequel also. Had the child, Case XXII., lived, more light might have been thrown upon the matter.

Study of the cases here recorded, as well as of those previously published, I believe, justify the following conclusions:

1. Pregnancy is a physiological condition and does not contra-indicate a surgical operation.
2. During pregnancy temporary strain may be exerted on some organ, *e. g.*, kidney, inducing impairment of function.
3. A surgical operation upon a pregnant woman is to be conducted so as to avoid inducing abortion, in itself a serious accident.
4. The main cause of abortion, or death after operation is sepsis.
5. The probability of sepsis after operation is increased if the patient is suffering from disease either temporary or permanent.
6. Abortion may result from shock.
7. Hemorrhage does not seem to induce abortion.
8. Union of fracture may be retarded by pregnancy.
9. Recorded cases show that the unborn child receives no evil impress when the mother is subjected to operation.
10. When a surgical operation upon a pregnant woman is under consideration, the function of all the patient's organs must be carefully investigated and regulated. An operation then conducted antiseptically may be expected to result as though pregnancy were not present.

A CASE OF PUERPERAL ECLAMPSIA WITH SPONTANEOUS DELIVERY AT SEVENTH MONTH.\*

BY L. GIBBONS SMART, M. D., OF  
MARATHON, N. Y.

*Mr. President and Gentlemen:*

In presenting this case to you with some general remarks, I hope it will be of interest. I thought it an excellent subject for discussion on account of its rarity and the great mortality which generally accompanies such cases.

Lusk states its estimated frequency is about once in five hundred pregnancies. The total number of deaths from this cause reported to the Board of Health of N. Y. City in nine years was 408, the estimated number of deliveries during that time was 284,000, entire number of deaths occurring in pregnant women from all causes was 3342 making a proportion of those from eclampsia of about one to eight. On July 14, 1888, at 1:30 A. M. I was called to attend Mrs. C., age 36 years, mother of two children, and in six and half month pregnancy. She gave me this history. From the beginning of pregnancy had had a great deal of trouble with stomach, mostly nausea, little vomiting. The evening previous, she had partaken freely of vegetables and drank some beer, and had felt very badly ever since until about 10 P. M., when vomiting with evacuation of the bowels occurred with pain at each movement. Upon examination the following symptoms were found present: Pain in epigastric and left hypochondriac region pulse 90 and feeble, temperature 99°; tongue broad and flat but clean; pupils slightly dilated, but equal and responded to light; headache in frontal and occipital regions; feet slightly swollen to ankles, first noticed feet swelling at four and half month, was compelled to make water often, but only a little at a time was voided. Quickening was first

felt about the middle of April. I gave one eighth grain sulphate of morphia with  $\frac{1}{16}$  grain sulphate of atropia hypodermically which soon gave her relief; left her a solution of bromide of potassh—10 gr. to teaspoonful and directed that a teaspoonful be given every hour until she slept. At my visit the next morning she told me that she had slept only one hour, but had been free from pain and headache.

There were no unusual symptoms at this visit, and I ascribed her drowsiness to the want of rest, the hypodermic injection and bromide I gave her the night previous. Pulse, temperature and pupils were about normal, so I deemed it best not to give her any more medicines then, but to allow her to sleep. About six that evening I was hastily summoned, and on arriving at the bed-side of my patient, I found it impossible to arouse her, pupils dilated and irregular; pulse about 100; swelling of the feet had rapidly increased that day, and now extended to the knees. A few minutes after my arrival the patient had a convulsion with opisthotonus, and slight foaming at the mouth; felt for my lance but found I had left it at home. As soon as the convulsion was over I gave two drops of croton oil on the end of the tongue and sent for assistance which soon arrived. About one pint of blood was taken from left arm, which was as much as the pulse would allow. This had a happy effect, pulse became slower, breathing more regular, and skin sensitive to prick of pin, signs of regaining consciousness appeared, and in course of an hour there were some attempts to talk. Made a digital examination of the os uteri, found it soft and dilated to an extent to allow introduction of finger, and child was felt high up in pelvis. At 8 P. M., 15 grs. of calomel were given and at eleven P. M. there had been no response to the croton oil or calomel so gave two drops more of croton oil and in an hour there was a slight movement of the bowels, and in a few minutes more the patient expressed a desire to get up and use the vessel. Catharsis continued free through the night the patient becoming quite talkative, but not

\*Read before the Cortland County Medical Society, at Cortland, N. Y., Dec. 13th, 1888, by L. Gibbons Smart, M. D., of Marathon, N. Y.



rational, still her whole condition seemed to have slightly improved, and when I left at six the next morning the patient was quiet, respiration and pulse very good. Examined urine and found it loaded with albumen about 80 per cent. At my visit on morning of the 16th, I ordered 10 grs. each of bromide of potash and chloral every 3 to 4 hours, and compound jalap powder at intervals to produce good free catharsis. From this time on the patient began to improve getting quite rational, until the 18th, when she again became delirious. I called in Dr. A. D. Reed, and we thought seriously of producing premature labor, though the child still showed signs of life, but before doing so deemed it best to call in Dr. H. O. Jewett, of Cortland, who arrived the next day. After a thorough examination it was decided not to produce the premature birth as the os uteri was found rigid and dilated only to size of finger. Urine was again examined and the albumen had decreased, though there was still about 25 per cent. present. Patient was put on ounce doses of Rochelle salts three times a day, and ordered to drink freely of a saturated solution of bicarbonate of potash with bromide of potash and chloral in doses sufficient to produce sleep and control any tendency to delirium. Patient again improved and as improvement appeared doses were decreased. Bowels moved two or three times daily until the 28th, when they failed to move, so I ordered the large doses of Rochelle salts again, and on the 29th, there was very free catharsis, but no pains. I paid a visit that evening to see if the free catharsis had produced any pain simulating labor pains, but found pain absent entirely. At 1 A. M. of the 30th, I was hastily summoned and when I arrived, found a female child, perfect in every respect, had been born. The mother stated that she had been awakened from a sound sleep, by severe labor pain, and in a few minutes the child was born. From this time on the patient commenced to convalesce and in two weeks from labor was up. The child weighed 2 lb. 13 oz. at birth. The mother's milk did not appear until the

fifth day, and then remained only a short time, so the child was fed on cow's milk properly diluted, for some time, but now on Mellin's Food which agrees with it much better.

As to the etiology of Puerperal Eclampsia, Dr. A. F. A. King, enunciates the theory "That pressure on the aorta and vena cava inferior, which he believes to be the cause of renal troubles in pregnancy and labor, is due to the abnormal position of the fœtus in the latter part of pregnancy."

Dr. L. Smith, in a paper read before the Medico-Chirurgical Society of Montreal, in relation to "Albuminuria, Uræmia, Puerperal Convulsion and Puerperal Mania," states "that a moderate amount of renal congestion causes albumen to appear in the urine, a greater amount, causes increase of albumen, diminution of urea and the urea retained in the blood affects the nerve-centers, causing headache, disordered vision, etc. A still greater amount of albumen in the urine and urea in the blood, poisons and at the same time starves the nerve-centres and causes dropsy of the brain to such an extent that irritation is set up and convulsions ensued."

Dr. Parvin, of Philadelphia, in reply to the above says "that it has not yet been demonstrated that urea in the blood causes eclampsia, and that there is usually this remarkable difference between the effects of retention of urea in certain other diseases and in the latter, in that the temperature rises in eclampsia and falls in uræmic poisoning: Further, only a minority of pregnant albuminuric women have eclampsia." Lusk is inclined to the view that it is a renal insufficiency and that this insufficiency may or may not be associated with albuminuria, though the two go pretty constantly together."

Tyson says "there are no reasons why we should exclude from the causes of convulsions in the puerperal state, those which operate to produce convulsions in the non-puerperal condition."

In the case of the patient in question, there was no renal trouble until 4½ months, and we conclude, that there was a renal insufficiency, which was caused

by pregnancy acting as an irritant, by exciting the uterine and renal nerve plexuses of the sympathetic, and this insufficiency causing albuminuria. I am inclined to Macdonal's theory which is based on post-mortem examinations of eclamptic persons. "He found congestion of the meninges, but marked anæmia of the deeper layers of brain structure, and that this anæmia resulted from arterial contraction, due to irritation of the vaso-motor centers from excrementitious principles retained in the circulation by insufficiency of the kidneys." As to the treatment, venesection is strongly recommended by a good many. Drs. Lovejoy and Allen, in *Boston Medical and Surgical Journal* "in 15 cases thus treated did not lose a patient."

Chloroform, bromide of potash, choral hydrate, veratrum viride, morphia subcutaneously, bitartrate of potash, pilocarpin and inhalation of oxygen, have all been recommended with good results. Dr. M. L. Bacon of Wellsboro, Pa., related to me several cases in which he first bled, then gave frequent and large doses of croton oil until free catharsis set in, and has not lost a patient. Of all the medicines thus mentioned veratrum seems more strongly recommended. Dr. McCord, in *Texas Medical Journal*, reports "a patient 7 months pregnant when attacked with eclampsia to whom he gave bromide of potash, chloral and morphia, used chloroform and bled, he then used hypodermically 12 drops of Norwood's tincture, and 10 grs. of chloral, repeating the dose in 40 minutes; the patient had no more attacks."

Dr. Oatman, in a paper before the section on Obstetrics 9th International Congress says: "After controlling the convulsions by chloroform, morphia, chloral and bromides and evacuation of the uterine contents at the earliest possible period, I exhibit 8 drops of the saturated tincture by the mouth, or 15 drops by the rectum, the dose to be repeated every 15 or 20 minutes, until frequency of the pulse is reduced to 40 beats per minute."

Evacuation of the uterine contents is

also strongly recommended; then there are others who advocate that so long as there is no immediate danger to mother or child, the attitude of the physician should be one of watchful observation and allow nature to proceed. As to the remedies thus mentioned you will note that I bled, gave croton oil, bromide of potash and chloral at the start and later on the salines. What is wanted in such cases is prompt and free catharsis to diminish blood pressure and draw from the blood the urea, thereby relieving the kidneys to some extent at once and what is better, and more prompt in its action than croton oil. In conclusion I will state that the patient has entirely recovered with the exception of slight strabismus and diplopia of left eye.

### Correspondence.

#### BITARTRATE OF POTASH IN PUERPERAL ECLAMPSIA AND BRIGHT'S DISEASE.

ROCKVILLE, JAN. 18, 1889.

*Editor Maryland Medical Journal :*

DEAR SIR:—Some time ago I sent an article to your Journal recommending the use of bitartrate of potassa in the latter stage of gestation as a preventive of puerperal eclampsia. I am glad to see what I therein stated endorsed by the Gynecological and Obstetrical Society of Baltimore, at its meeting Dec. 11, 1888. The bitartrate will not only prevent convulsions from occurring during pregnancy but will also prevent their occurrence in Bright's disease and in albuminuria following scarlet fever. I treated a farmer the subject of Bright's disease, for seven years and kept him tolerably comfortable up to within three months of his death by administering the bitartrate of potassa to him whenever his urine became loaded with albumen; he performed hard labor all the time.

Yours truly,

EDWARD ANDERSON, M. D.



## Society Reports.

BALTIMORE ACADEMY OF  
MEDICINE.

STATED MEETING HELD JAN. 15TH, 1888.

The President DR. H. M. WILSON, in  
the Chair.*Dr. W. C. Van Bibber* in discussing

## MUMPS.

said that parotitis like rubella came one year and then disappeared for several years and then returned, while a disease like variola may come every year. Mumps at present is very widespread in this city. He had heard of a domestic means of diagnosis from one of his patients who said if you give a child with suspected mumps anything acid, or a pickle, it will not swallow it if it has mumps.

In the United States Statistics mumps is shown to be a very fatal disease in Georgia. Here we seldom see fatal cases. He had had one fatal case in a stout man, a carriage washer, who took the disease and continued to do his work having wet feet and clothes all day long. It attacked his testicles and he finally died of meningitis. At present he had been giving the tincture of pulsatilla one drop for every year of the child. It seemed to do good although it did not shorten the course of the disease which was usually four days arising and four days declining. There was usually little fever. He always used vaseline on the skin and a silk handkerchief tied over it.

*Dr. William B. Canfield* said in a suspected case he always gave the patient a little vinegar as a diagnostic test and thought it was usually very satisfactory.

*Dr. A. K. Bond* asked if in *Dr. Van Bibber's* case, the swelling in the parotid gland subsided when the testicles were swollen and if the swollen testicles went down when the brain was attacked.

*Dr. W. C. Van Bibber* said that was the exact course. The case had died because the man had poor attention, and

was a hard drinker. It was one of recklessness and want of care. The pulse was less than 30 at one time.

*Dr. R. H. Thomas* asked *Dr. Chisolm* what proportion of deafness came from mumps. He had been asked the question and on looking up the subject found that few cases followed but these few were generally incurable.

*Dr. J. J. Chisolm* said he had not seen many such cases but they rarely could be cured. He had had two curious cases after mumps. One was an exophthalmos of one side which went down in ten days, on large doses of tincture of iron. In the other case a child had suddenly lost the power of accommodation. He gave her glasses and she regained her former vision under iron.

*Dr. R. H. Thomas* said he did not think that the swelling in the testicles waited for the swelling in the parotid gland to go down.

*Dr. W. C. Van Bibber* said he had seen the mammæ in females affected by metastasis. In a family consisting of a mother and two daughters, the latter had mumps and although one daughter slept with the mother, the latter did not take it. Two or three years later the mother kissed a little girl with mumps and took it.

*Dr. B. B. Browne* said that metastasis to the mammary gland was not uncommon. He had never heard of a case where the ovary was so affected. The parotid gland is sometimes affected after an ovariectomy. *Dr. Goodell* had reported some cases of it.

*Dr. A. K. Bond* said that in the Home of the Friendless mumps and scarlet fever had occurred at the same time. There seemed to exist there a rotation of diseases.

*Dr. J. E. Michael* was much impressed with the irregularity of the disease. In his own family mumps had appeared three times and scarlet fever had attacked one child twice while another who slept with it had escaped. He was sceptical as to taking cold as a cause of metastasis in mumps.

*Dr. A. K. Bond* thought that poulticing was bad unless done carefully. It makes the skin too sensitive.

*Dr. Van Bibber* said he used poultices in cases of metastasis.

*Dr. H. M. Wilson* spoke of the danger of suppuration of the parotid gland.

*Dr. W. C. Van Bibber* spoke of a case of

POISON FROM MILK.

A family had their milk from a cow—a healthy animal—and brought in clean vessels. Recently they all had symptoms of gastric disturbance and poisoning.

*Dr. J. E. Michael* suggested the possible presence of the ptomaine tyrotoxin.

*Dr. B. B. Browne* showed a

SLOUGHING ABDOMINAL TUMOR WITH OPENING AT THE UMBILICUS.

WILLIAM B. CANFIELD, M.D.,  
Reporting Secretary.

CLINICAL SOCIETY OF  
MARYLAND.

STATED MEETING HELD DEC. 21st, 1888.

The 218th meeting of the Clinical Society of Maryland, was called to order by the President DR. GEORGE H. ROHE, in the Chair.

*Dr. P. L. Davis* was elected a member of the society.

*Dr. John W. Chambers* read a paper on

CHOLECYSTOTOMY WITH RELATION OF A  
CASE.

*Dr. L. McLane Tiffany* said in regard to the operation as done in this case it could only be palliative because the disease of the kidneys was sufficient of itself to cause death. Any operation on the liver would not have relieved them and the history of this case shows that fact very plainly. He had seen one case where there was disease of the liver and the itching which accompanied it was horrible. The patient lived for a number of years, but suffered intensely during that time. In regard to the operation on the gall-bladder he is of the opinion that it is inexpedient to use the

aspirator, and with the present surgical means at command it is far more sensible to reach it by opening the abdominal walls. He has seen one case of fatal peritonitis following the use of the aspirator. The bile under such circumstances is bound to reform and but little good can be obtained in consequence. It is not nearly so dangerous to open the gall-bladder and stitch it to the abdominal walls as it is to use the aspirator, at least one such operation is far safer than repeated aspirations.

*Dr. A. Friedenwald* said that he had seen a case where intolerable itching was a distressing symptom in a near relative of his. The patient in question suffered with jaundice for ten years and could scarcely rest day or night. So intense was the suffering that he employed a servant to scratch him. Aspiration of the gall-bladder was advised for his relief. The jaundice was caused by the pressure of something from the outside of the liver. The patient passed blood, &c., for twenty-four hours. After this symptom subsided he went abroad for some time, Carlsbad and other waters were tried without giving relief. Finally he got rid of the itching, but became extremely emaciated. From the pressure upward of the liver, consolidation of the lower lobe of the right lung had taken place. About one year ago he suffered from a most severe attack of hæmatemeses and it returned at intervals four times within ten days; finally it ceased and he lay prostrate for some time afterwards. Following this condition ascites made its appearance and he went to the seaside for a period; here he was tapped six different times and after each time he became worse, he was then given pulv. jalap. comp., the ascites subsided shortly afterwards and never returned. No doubt from this long continuance of the bile, obstruction to the portal circulation took place and this caused the hæmorrhage. If the gall-bladder could have been tapped and the pressure relieved the venous congestion would likewise pass away.

*Dr. J. W. Chambers* said that he had looked into the statistics bearing on the different methods of operating on the



gall-bladder and the fatality is found to be higher after the use of the aspirator. In the present case the very fact of the change which had taken place in the other organs made the prognosis a serious one. In reply to a question from Dr. W. H. Norris he said that he thinks it is a very difficult task to introduce a probe into the common duct.

*Dr. L. McLane Tiffany* reported some very interesting cases of

#### CRANIAL INJURY INVOLVING REMOVAL OF BONE,

The report embraced ten cases and extended over the period since 1883. The injuries were the results of different causes and in all more or less bone was removed. Recovery took place from the operations in the ten cases. In one instance the patient's mind became seriously impaired and it was found necessary to remove him to an hospital for the treatment of the insane. The operations were all done under the guidance of antiseptics. In one case where death took place some time after the operation it was thought to have been caused from a fracture at the base of the skull which was present in addition to the injury on the surface. Blood had oozed from his ears prior to his entrance into the hospital. The patient partially recovered consciousness but remained out of his mind till death which took place on the 27th day. In another instance death occurred some time after operation and was the result of an abscess which formed after the patient had been injured by a pistol bullet which entered the brain and was not recovered. The autopsy showed the presence of the abscess in the right hemisphere, no portion of which was within an inch and a-half of the convexity of the brain. Some fragments of lead were found in the abscess and their presence most probably caused it.

*Dr. J. Edwin Michael* said that in connection with this very interesting series of cases reported by Dr. Tiffany, he desired to speak of a number of similar ones that have come under his treatment during the time embraced in Dr. Tiffany's report. The cases came to

him in groups; two in the early part of 1883 and four between January and July of the present year.

CASE I. Male aet, 33 years who met with a railroad accident crushing his left leg and causing injury to his head on the left side. He was brought into the hospital and the leg was amputated. An examination of the head showed a fracture of it at about the upper segment of the occipital bone. Operation was decided on and the preliminary steps of preparing the wound were carried out. The trephine was then used and a number of fragments of bone were removed. There was some loss of brain substance; the dura was slightly ruptured, some hemorrhage occurred from a small artery, which was ligated. The wound was then dressed and no bad symptoms followed.

CASE II. Male, a sailor by occupation. He had received a compound fracture of the middle part of the parietal bone on the right side. He was not trephined for about forty-eight hours afterwards; hebetude was present and a rise of temperature had taken place. After going through with the usual preparations, he trephined at the margin of the fracture and removed the fragments away. Dura was not torn. The wound was dressed in the usual way and no head symptoms followed the operation.

CASE I. (Second Series) Male, German aet. 40 years. He came in contact with a revolving grindstone which struck him on the left temple, it made a ragged wound and he was taken to a drug store where the proprietor applied Monsel's solution to it. An examination of the parts revealed a fracture of the skull; the trephine was used in consequence, it was placed at the margin of the wound and a button of bone removed. The dura was not wounded. The margins were then cleansed and trimmed and the wound adjusted in the usual way. Some evidence of inflammation was about the wound for awhile, but it soon subsided and no other symptoms appeared.

CASE II. Male, aet. 45 years turner by trade, who while working at his lathe operating on a block of wood, had it to fly and it struck him on the head. He

was brought to the hospital where he was anæsthetized and examined. A fracture of the skull was found and the bones were taken away. The fragments showed both the external and internal tables including the frontal sinus. When the removal of the fragments of bone was complete a probe passed into the nose; all of the cribriform bone and the crista galli of the ethmoid were included in the bones removed. Considerable hemorrhage occurred and it most probably came from the longitudinal sinus. A current of dark blood spouted from the hole and it was controlled by haggling the tissues. The wound was packed and covered with iodoform. Pressure was then applied and no further trouble occurred. The dressing remained on for ten days when it was repowdered and it turned out to be an aseptic case.

CASE III. Boy, aet. 10 years, while stealing a ride on a street car, fell and a loaded cart passed over his head. He was taken to drug store and first seen by Dr. Biedler, after which he was sent to the hospital. At least a tablespoonful of brain substance was lost. Examination of the head showed an injury to the parietal bone on the right side near the lambdoid suture. He anæsthetized the patient and examined more thoroughly. At least a-half an ounce of brain substance was seen. A ragged wound was observed and the bones found depressed. The trephine was placed at the most convenient point and a number of pieces of bone were removed; the dura matter was largely torn. The wound was dressed as usual, a drainage tube was used which ran the whole length of the wound. His object in doing this was to bring about drainage and, at the same time, prevent hernia of the brain. The case went on favorably and at the end of three weeks the dressing was removed and the patient left the hospital.

CASE IV. Boy, he was knocked down by a mule striking him on the forehead over the frontal region. He was called to see him by Dr. Norris. The patient at this time was unconscious; the wound was very ragged. He sent the case to the hospital, where the usual preparations

before operating were made, the wound was then enlarged and the bone fragments were removed; dura was not torn, A fissure extended over the orbit and another passed backward over the head; this led him to suspect severe injury. There had been some convulsive movements of the left leg and foot, but they ceased after the removal of the bones and dressing the wound. These cases with those reported by Dr. Tiffany make some fourteen in all that have been treated in a similar way.

Dr. Randolph Winslow said he had recently seen in consultation a case of fracture of the skull which illustrated two facts, 1st that a very small injury may result fatally when treated badly, 2nd that it is sometimes difficult to make a correct diagnosis even when the symptoms point almost pathognomonically to a certain lesion.

CASE. A man aged 37 was struck upon the head by a brick falling from a height of 18 or 20 feet. He did not become unconscious at once, but after walking a short distance lost consciousness which however he regained whilst being conveyed to his home in the patrol wagon. A wound was made in the scalp over the upper portion of the fissure of Rolando. A doctor who was called said he had a fracture of the external table of the skull, and put a suture in the wound. Falling into the hands of another practitioner, the wound was not opened and the patient did well for 5 days, when he complained of pain in the head, and a numbness of the right arm, the wound being on the left side, Soon he became hemiplegic on the right side with left facial paralysis, and aphasia and he seemed to be unconscious. On December 13th I saw him for the first time and found the symptoms as above, the pupils contracted but responsive to light with involuntary evacuations temp. 103° pulse 68. I was certain that I had to deal with an abscess following a depressed fracture, and so opened the wound which had healed, and found a very small depressed fracture with the fragments so tightly wedged together that they could not be raised until the trephine had been applied. The dura mater was pressed



upon but not penetrated and there was no abscess or clot at the seat of fracture. The dura and brain bulged into the opening. The membranes were punctured and the brain explored without finding pus. The symptoms seemed to ameliorate slightly for a day or two, but spasms of the face and thumb and fore finger with paralysis of motion and sensation pointed to trouble about the lower and middle of the motor area so strongly, that I again trephined him, near the lower portion of the fissure of Rolando, and a slight discharge of pus occurred but no abscess was found. At the autopsy no abscess could be found, but a left sided purulent meningitis, and thickening of the meninges, probably of the ascending parietal convolution. Dr. Winslow was also of the opinion that the skull should be explored in all cases in which there is a probability that a fracture has occurred, even though no wound of the skull be apparent.

Dr. Robt. W. Johnson said that he had had under his charge three cases of fracture, of the skull in his service at Sparrow's Point; one of these died and two recovered after the bones were raised. The third case was of special interest to him. The patient was struck on the head in the frontal region by a block of wood. The eye was very black from it. After the injury he walked some distance and was able to give his name. When he saw him he was unconscious and after making an examination he diagnosed fracture of the bones of the skull, but did not locate the clot; shortly after this paralysis began in the left leg and arm and he decided to trephine; A button of bone was removed and he found a clot about the motor tract which was of some duration. The hemorrhage was controlled with warm water and packing the wound. He mentioned this case, he said, because the subject was under discussion and he simply wanted to refer to it.

Several families in Albany, New York, are reported to have been poisoned by eating cheese and pickles. No deaths have occurred.

THE USE IN THERAPEUTICS OF SOJA.—Under the name of soju, or soja, as it is designated in Japan, is a liquid obtained by the fermentation of the seeds of the plant belonging to the plant family Papilionaceæ, described for the first time by Koenig under the indigenous name of *Daidzu*. Linne gives to this plant the name of *Dolichos soja*, while Benth and Hooker class it as *Glycine*, and this is the opinion which is now generally admitted by botanists. It is, therefore, called *Glycine hispida* of Siebold and Zuccarini. In the *Bulletin Général de Thérapeutique* for November 30, 1888, M. EGASSE publishes a long essay as to the economic and therapeutic uses of soja, with full description of its botanical characteristics. The principal character of the seeds of the soja, from the therapeutic point of view, is the small quantity of starch which they contain, and the large amount of proteids and fats. Although the oil is employed as a food in all parts of China, the seeds are made use of to obtain a milky emulsion, which replaces milk, and which is obtained by crushing the grains and rubbing them up with water, and then filtering through fine cloth. Dr. Egasse believes that a flour from the soja would be of the greatest value in furnishing a concentrated food for convalescents and an phthisical patients, while it would be especially valuable in forming the bread of diabetes patients on account of the small amount of starch which it contains.—*Therapeutic Gazette*.

DANGER OF FREE DRINKING IN CARDIAC WEAKNESS.—Dr Barr calls attention to the necessity for limiting the imbibition of fluids in cardiac weakness. When the heart is feeble, or there is a mechanical obstacle to the circulation the fluid accumulates in the vessels, dilutes the blood, hydrates the tissues, lessens osmosis and increases the work of the heart by augmenting the mass of the blood. Every drop of liquid taken into the stomach must pass through the right heart, except the little that passes by the bowels, and all but that which is exhaled by the lungs must pass the left heart before it can be excreted.—*Provincial Medical Journal*

## MARYLAND MEDICAL JOURNAL

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## Editorial.

## THE TREATMENT OF ACUTE CORYZA.—

An acute coryza or common cold is such a common affection that few persons think of applying for relief until it has so far advanced as to be difficult to treat; and even at its incipency it can only be cut short by strict and close confinement to one room with closed doors—a thing to which very few will and can submit. The result is that the laity say a cold is incurable.

Dr. Frank Hamilton Potter in discussing this subject in the *Buffalo Medical and Surgical Journal* for January, very properly divides the treatment into preventive and remedial measures. He says "the majority of colds need not occur even in uncertain and changing climates like ours, if people would understand and practise a few simple hygienic precautions." As the first preventive measure he suggests sleeping with closed windows when the external temperature is below 65° F. This would startle many lovers of fresh air, and well it might, especially as he takes as patterns

the people of Europe and the lower animals—ranking both together as equally intelligent on this subject. The people of any country where the cold is extreme and fuel expensive, often try to keep warm from the heat of their own bodies assisted by a little fuel, by keeping all openings in rooms closed, stuffing up cracks with paper, weather strips, etc., and dressing heavily. Any physician who has visited among the poorer of this city has not failed to notice, especially in the home of the foreign born or native African, ill-smelling rooms, heated by excluding air and crowding.

The great point which, even the more intelligent seem to forget is that *fresh air is not necessarily cold air*, and that a sleeping room can be warm and at the same time be thoroughly ventilated. An open fire place or a window let down from the top, away from the bed, or both; or a room slightly heated, with an open window in the coldest weather will be sufficiently ventilated. To many persons sleeping in a closed room as described by Dr. Potter,—a dull headache would be the result next morning. His advice as to a cold bath quickly taken in a warm room is excellent for a robust person. The person who keeps up a good skin action will not be compelled to close the window on cold nights. His remarks on the use and abuse of the sealskin sacque and neck-scarf are very much to the point.

The therapeutical measures can rarely be carried out as directed unless the patient be the physician himself or one of his family who is near him. All others call medical aid after the cold is at its height.

Dr. Potter has done excellent work on even such a trite subject and if more attention were paid to such common ailments by observing physicians, trifling but very annoying maladies would yield the sooner to treatment and the profession would have more gratitude from suffering humanity for the good work than for the discovery of many bacilli.



A NOTE ON THE USE OF THE BIDET IN SURGERY.—It is well that the attention of the profession should be called again and again to appliances which are of value in the treatment of difficult cases. In the *Medical News*, Jan., 12, 1889, Dr. White tells of the benefit which patients suffering from diseases of the rectum, anus and genito-urinary tract have derived from the use of the bidet. He directs them to have a bidet of the variety which can be attached to a water-closet seat, with a nozzle throwing a stream of hot or cold water, as is most agreeable, of the diameter of a common lead pencil, with force enough to cause slight smarting or tingling of the skin. It can be put into an ordinary water-closet for \$15 or \$20.

In cases of internal or external hæmorrhoids, prolapsus ani and slight cases of prolapsus recti, and in pruritus ani and eczema of the margin of the anus, an enema of water is to be taken through the bidet after the daily passage and again at bed time, and, when the enema has been expelled, the stream from the bidet is to play upon the parts about the anus for ten minutes, being directed against one part after another by a handle attached to the movable nozzle. This method of applying water to the parts is superior to any other, and the application works a rapid cure in cases where general medication, ointments and lotions have utterly failed to relieve. A case is quoted in proof of these statements. Of course in certain chronic cases with profound tissue change only partial relief is to be expected. In varicocele great benefit is obtained, the condition of the parts being improved though not brought back to the normal, and the mental trouble is much relieved; in chronic prostatitis it is probably the best remedy he knows; in the impotence of debility, with imperfect or brief erections, the stream against the perineum and testicle is of great value.

He has found the bidet useful in pruritus vulvæ, and also in certain cases of vaginal inflammation,

### Miscellany.

INSOMNIA.—In spite of all the criticisms to which the modern art of medicine is so frequently subjected by our literary friends, few pictures indicate a fuller grasp of the requirements of medicinal treatment than that given by our great dramatist. The aim of modern therapeutics is directed more and more to the employment of measures by which a return to the normal state can be attained, when in presence of disease nothing better can be desired than the elimination of all those abnormal features by which the sick person differs from his original healthy condition. The revival at the Lyceum serves to recall that Macbeth's contemptuous "Throw physic to the dogs" really forms one long exposition of the limitations of the use of drugs and of the conviction of the efficacy of the natural methods of cure. The number of references made throughout the play to sleep and dreams is remarkable. In turn; the theme is taken up until sleep is eulogised as "balm of hurt minds, great Nature's second course, chief nourisher in life's feast," and from this point attention is concentrated upon the results of sleeplessness, or of sleep perturbed by frightful visions, until it culminates with the sleep-walking scene of Lady Macbeth, and "the thick-coming fancies that keep her from her rest," and her probable suicide. No medical man can sit through this performance without wishing that he had been called in during the early stages of the malady. On all hands the underlying cause is recognised, and the proper method of treatment is clearly indicated. Science was in its infancy, however, or we should have been deprived of the pleasure of this portrayal of an interesting medical and psychological study.—*Lancet*.

THE KIDNEYS IN DIABETES.—R. Fichtner (*Virch. Arch.*, cxiv., Hft. 3) points out that among the lesions observed in the kidneys of subjects of diabetes, glycogenic degeneration or infiltration of the

epithelia of Henle's tubes is one of the most constant, but yet difficult of explanation. Changes in the cortex have been less frequently met with; some have seen acute interstitial inflammation, leading even to granular kidney; others describe epithelial necrosis, especially in cases of diabetic coma, attributable to the action of acetone and diacetic acid. Fatty degeneration is described by various writers, notably v. Frerichs and Ebstein, the latter meeting with marked fatty change and free fat between cells. Fichtner in two cases of diabetic coma found, in addition to the glycogenic degeneration of Henle's tubes, very marked fatty degeneration of the cortical epithelium, the fat globules and particles being in each case regularly arranged along the periphery of the cells just beneath the basement membrane; and those tubes solely were affected which contained cloudy epithelium. The epithelia of other parts, as well as the glomeruli and the connective tissue, were apparently normal; and there was no indication of necrotic or inflammatory change. The absence of inflammation was remarkable, especially in one of the cases, which during life presented albuminuria and renal casts, and was therefore considered to be a case of chronic nephritis, with diabetes. The peculiar type of fatty change had been met with by Fichtner in a case of chronic nephritis following alcoholism, but in that case many tubules exhibited a more diffuse degeneration than the variety described. In cases of phosphorus poisoning the cells are filled with fat globules of various size and grouping. In seeking for an explanation of the lesion, he remarks that both these patients died comatose, and had the peculiar odor of the breath indicative of acetone and diacetic acid in the urine. Having regard to the previous observations of Albertoni and Pisenti, as well as of Ebstein, which point to the connexion between epithelial necrosis in the kidney and the presence of these substances in the urine, it is highly probable that the special kind of fatty degeneration must be referred to these or allied bodies. If fatty degeneration occurs apart from coma, its cause

must be found in the excess of sugar. The subject is open to experimental research, which may throw some light upon the subject of renal secretion.—*Lancet*.

STATISTICS OF OPERATIONS ON THE GALL BLADDER.—Dr A. Depage, in the course of a paper upon Surgical Intervention in Biliary Lithiasis (*Journal de Méd. Brux.*, 1888, No. 24), says that up to the present there have been 78 cholecystotomies performed. Of these operations, 6 were done according to the method of Spencer Wells, 72 with suture of the gall bladder to the abdominal wall. Of the first named series, 3 died from acute peritonitis, 1 cured case was followed by recurrence, and 2 cases were completely cured. Of the second series there were 11 deaths, 8 from hæmorrhage and collapse, 2 from biliary retention, 2 from effusion of bile into the peritoneum, and 2 from undetermined cause; there was also 4 deaths from secondary complications. Amongst "cures" are 24 cases of biliary fistula, some permanent. The number of cholecystectomies has been 22, with 2 deaths from obstruction of the bile duct, and 1 after recovery from the operation from a cause independent of biliary lithiasis. Thus in cholecystotomy with suture of the gall bladder, and its return free into the abdominal cavity, a mortality of 50 per cent. resulted; in cholecystotomy with suture of the bladder to the parietes, 15.27 per cent.; and in cholecystectomy, 9.99 per cent.; and as the last-named figure comprises the two cases of permanent occlusion of the common bile duct, the result, if they be excluded, is to greatly enhance the position of cholecystectomy as an operation to be preferred to cholecystotomy.—*Lancet*.

ILLEGIBLE PRESCRIPTIONS.—Attention has been called by an evening cotemporary to the fatal result of a prescription being illegibly written, a subject which cannot be too prominently brought to the notice of the medical profession. The sub-prefect of a town in France was suffering from a headache, for which his



brother, a doctor, wrote a prescription for one gramme of antipyrin. The chemist was absent, and his sister, who received the prescription, read atropine. She hesitated to deliver this drug in a quantity which she knew would kill six men, but the servant who brought the prescription insisted there should be no delay, and she reluctantly gave the atropine. On the chemist returning a few minutes later, and being informed of what had happened, he hurried to the house, but too late to save the unfortunate sub-prefect from the fatal consequence of the mistake. The prescription, be it noted, "was written hastily and with a lead pencil." We fear that the art of prescribing is not infrequently dissociated from the art of writing, and that many chemists could testify to the lack of cultivation of the latter amongst those in high repute as regards the composition of their prescriptions. Surely as much pains should be taken to write legibly upon the prescription the ingredients and their doses as the physician takes to make his diagnosis or to explain his conclusions to the patient. Carelessness in prescribing is, to our thinking, culpable on the part of the prescriber and unfair to the compounder, who has to bear the responsibility of accurately following out instructions.—*Lancet*.

THE DOCTOR AS A CIVILISER.—The large part played by medical travellers and missionaries in the most remote and uncivilised parts of the world in attracting the affection of savage populations, and leading them in the path of civilisation, is not the least glorious page of medical history, and would afford material for an interesting research. Mr. George Curzon, in his account this month of a *Visit to Bokhara the Noble*, gives a highly interesting sketch of Dr. Heyfelder, who was chief of the medical staff in Skobelev's Turcoman campaign. "It would be hard to exaggerate the part which his manners and generosity have played in the pacification of this whilom haunt of fanaticism. As early as six in the morning people crowd into the Embassy to see him. Very often so childish is their faith that they do not ask for a

prescription, but simply implore his touch. . . . A fat old Bey, he told me, came to him one day and said: 'Can you make me better? I suffer from eating four dinners a day.' 'certainly,' said the doctor, 'eat three.' Thereupon the old gentleman became very angry, and retorted, 'How can I eat less when I am called upon to entertain venerable foreigners?' I asked the doctor whether it was out of benevolence that he continued to reside in Bokhara. 'Yes,' he replied, 'and as a pioneer of civilisation' " —*Brit. Med. Journal*.

#### MORTALITY FROM INFANTILE SYPHILIS.

—In a paper on Mortality from Infantile Syphilis at Saint Lazare, communicated to the Obstetrical and Gynaecological Society of Paris, M. Le Pileur, taking Saint Lazare as typical of the population of any town, finds that 14 per cent. of the pregnant women there are syphilitic, and that of every hundred births (including abortions) from syphilitic mothers only seven at the most survived the first months of extra-uterine life. By the rule of three, M. Le Pileur therefore estimates that, of the 64,657 infants born annually in Paris, 9051 are of syphilitic mothers, and 8418 of these are either abortions or stillbirths. In fact, that 13 per cent. of the possible infants perish annually from congenital syphilis alone! The *Gazette Medicale* rightly protests against such statistical vagaries.—*Lancet*.

#### EXCESSIVE HÆMORRHAGE FOLLOWING UPON GALVANO-CAUTERY TREATMENT OF AN HYPERTROPHIED TONSIL.

—A very excessive hæmorrhage occurred five days after the galvano-caustic treatment of an hypertrophied tonsil, that the patient became so anæmic, and so reduced to a condition of extreme danger. The patient was only saved by a compression which was made to the carotid for ten days. This case also shows that galvano-cautery treatment is not free from complications.—*Journal of the Respiratory Organs*.

## DR. F. E. CHATARD, Sr.

THE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY of Baltimore, at its meeting held January 8th, 1889, adopted the following resolutions, expressing its heartfelt sorrow at the death of Dr. F. E. Chatard, Sr.

As by the dispensation of Providence there has been removed from among us our only honorary member, Dr. F. E. Chatard,

*Resolved*, That we most deeply regret the loss to our association, to his family and to the public, of one so ripe in years, so ripe in honor, so ripe in the respect and esteem of his profession and of his fellow-citizens, while we appreciate and should imitate his personal and professional virtues. Devoted to his profession, industrious and energetic in its prosecution, conscientious in the discharge of all his duties, unimpeachable in his private life, faithful in all things and a sincere Christian, his death leaves a void difficult to fill, while his life was a model to all.

Signed—G. W. MILTENBERGER,  
THOS. F. MURDOCH,  
T. A. ASHBY.

In presenting these resolutions Dr. Miltenberger said:

I would that this duty should have devolved upon one more able or better fitted to express the feelings of this Society upon the death of our late member Dr. F. E. Chatard. And yet any eulogy upon him should not consist of words or rounded phrases, but is best expressed by his life open to the eye of day before all men. I have known every generation since Dr. Pierre Chatard settled among us, and each generation, as it performed its life-work, whether in private life, in the walks of our profession, in the military service of the country or in the church, could bear the legend of the Bayard "*sans peur et sans reproche*." Of Dr. F. E. Chatard I can truly say, I never heard him speak ill of any man, and equally, I never heard any man speak ill of him. One of his most distinguished and admirable

characteristics was that in this age of individualism, of selfishness and expediency, he ever recognized, appreciated and was governed by the strict moral law of abstract right.

## WASHINGTON NEWS AND COMMENT.

At the annual meeting of the Cosmos Club held in the Assembly Hall of the Club House on the evening of Monday, Jan. 14th, there were about 150 members present, or one-half of the entire resident membership. Dr. Yarrow, the President, occupied the chair until the election of his successor. Dr. Kidder and Surgeon General Brown were again placed upon the Board of Management, and Dr. Bryan was reelected Secretary. Dr. Edes was chosen to represent the medical profession in the committee on admissions. Besides these gentlemen many other physicians were present at the meeting; among them, Dr. J. Ford Thompson, Dr. J. S. Billings, Dr. Robert Fletcher, Dr. Wm. Lee. Dr. T. S. Wise, Dr. G. N. Acker, Dr. G. W. Johnston, Dr. Swan M. Burnett, Dr. J. T. Kerr, Dr. Fox and Dr. J. L. Wortmann. After the necessary business had been transacted an elaborate collation was served.

Dr. Hartigan is slowly recovering from the effects of a poisonous wound.

Dr. Frederick Sohon has become associated in practice with Dr. E. Carroll Morgan.

Dr. Simpson, of the Government Hospital for the Insane, was recently elected a member of the Clinico-Pathological Society.



### Medical Items.

Dr. A. L. Loomis has been elected President of the New York Academy of Medicine.

The manufacture of paper bottles is to be begun on a very extensive scale.

In many towns of Germany the boss barber pulls teeth and does surgical trade. He never shaves people.

It is reported that much of the cod liver oil of Russia is adulterated with liquid paraffine, in some cases as much as fifty per cent.

M. Pasteur has resigned the Secretaryship of the Académie des Sciences on account of ill-health.

The State Board of Health held its annual meeting at the City Hall on Wednesday. Little work was done.

Over ten thousand pounds was recently raised in Melbourne, Victoria, in less than a fortnight to meet the deficit in the annual accounts of the Melbourne Hospital.

The next triennial award of the Astley Cooper Prize (£300) will be made in 1892. The subject set is "The Influence of Micro-Organisms in Inflammation."

Prof. Liebreich announces in the November number of the *Therapeutische Monatshefte* that he has succeeded in producing cocaine by synthesis.

Dr. J. Mount Blever of New York City has issued the first number of the "Journal of the Respiratory Organs." Napoléon Thompson is the publisher, and it will appear monthly.

A fire in Professor Welch's library at his home on Cathedral street on Tuesday last, destroyed much of the furniture, burned through to the next floor and damaged a part of his large library.

D. Max von Pettenkofer, Professor of Hygiene and State Medicine in the University of Munich, has just been made "Commendatore della Corona d'Italia" (Knight of the Order of the Crown of Italy).

The Royal College of Surgeons of England, by a vote of 21 to 2, has passed a resolution, censuring Sir Morell Mackenzie for publishing his work on the case of the late Emperor Frederick.

S. Weir Mitchell, M. D., LL. D., has been elected Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic and College for Graduates in Medicine, an additional chair upon that subject being created.

The death is announced of Professor Heinrich A. Pagenstecher, at Hamburg. He was born at Elberfeld in 1825, and was the author of a great work, entitled "Allgemeine Zoologie," in four volumes, which was completed in 1881.

The Chair of Materia Medica and Therapeutics at the Niagara University has been filled

by the appointment of Dr. Albert E. Persons, of Buffalo. This is the Chair recently made vacant by the decease of that brilliant young teacher and author, Dr. Frederick R. Campbell.

At a meeting of the Obstetrical Society of Philadelphia, held January 3d, 1889, the following officers were elected: President: Theophilus Parvin, M. D., Vice-Presidents: W. H. H. Githens, M. D. and J. C. DaCosta, M. D., Secretary: J. M. Baldy, M. D., Treasurer: Alfred Whelin, M. D.

The Medical Faculty of the University of Würzburg announces as the subject of the prize essay for 1889 the following: "To Determine by New Experiments the Volume of the Residual Air in the Human Lung, as to which the views of various investigators have hitherto differed very widely."

SPECTACLE MISSION.—Dr. Edward J. Waring has conceived the idea of establishing "Spectacle Missions," or societies for the gratuitous distribution of spectacles among the poor. We are told that \$45 will cover the cost of 240 pairs of spectacles and 240 New Testaments. This estimate shows the modest margin of profit which ordinarily enures to our esteemed allies, the opticians.

Miss Florence Nightingale has never recovered from the severe strain to which she was subjected in her noble work of nursing during the Crimean war. She is now an invalid from spinal disease, in her seventieth year, and is an inmate of St. Thomas' Hospital, where she will probably end her days, tenderly cared for by the nurses who in that excellent training school are reaping such benefit from the Nightingale fund of \$250,000, which was raised in 1858.

Dr. von Lauer, Physician-in chief to the German Army and physician to the late Emperor William, celebrated, on December 18, 1888, his sixtieth year of service in the army. Congratulations were received from the Imperial family, the ministers, the faculties of all the medical colleges, the army medical staff, and many others. On December 14th a dinner and festival were given by the students of the Frederick-William Institute in honor of the occasion. Dr. von Lauer is now in his eightieth year.

Messrs. J. B. Lippincott Company announce to the profession the publication of a Cyclopædia of the Diseases of Children, medical and surgical, by American, British and Canadian authors, edited by John M. Keating, M. D., in four imperial octavo volumes; to be sold by subscription only. The first volume will be issued early in April, and the subsequent volumes at short intervals.

A thorough knowledge of the diseases of children is a matter of the greatest importance to most physicians, and as this is the only work of the kind that has been published in English, it will be invaluable as a text-book and work of reference for the busy practitioner.

**Clinical Lecture.**

**CLINICAL LECTURE DELIVERED  
AT THE UNIVERSITY OF  
MARYLAND.**

BY PROFESSOR I. E. ATKINSON.

*[Reported for the Maryland Medical Journal by  
Mr. William R. Stokes,  
Student at the University of Maryland.]*

**PLEURISY WITH EFFUSION; DOUBLE LO-  
BAR PNEUMONIA; CHRONIC BRIGHT'S  
DISEASE; ACUTE BRIGHT'S DISEASE;  
AORTIC ANEURISM.**

**PLEURISY WITH EFFUSION.**

GENTLEMEN:—The first patient that I bring before you is a young man twenty years old and rather undeveloped presenting a phthisical appearance. He has had employment in a glass factory.

The history of his case is as follows: Has been sick five days, had a headache and severe pains in the right side, and at times has felt cold. He now has a dry cough and on examination we find that his right side does not expand as much as the left.

On percussing I find the left side gives quite a resonant sound while on the right side I find the sound greatly diminished in resonance.

The vocal fremitus is also diminished in the affected area, and on auscultation, the patient drawing a long breath, there is almost complete loss of respiratory innrmur in the lower part of the right lung, and higher up tubular breathing.

These symptoms enable me to make the diagnosis of pleurisy with effusion, for if it had not passed into the stage of exudation I would be able to hear sounds of friction when the patient breathed, caused by the friction of the pleural surfaces which normally move over each other without sound.

The dullness on percussion is not heard until I reach the 5th rib and 6th intercostal space in the axillary region and when the patient lies on the left side

the dullness is lost in the axillary area the fluid having gravitated, therefore the effusion is not very large.

As the effusion is not large and the pleurisy probably tuberculous I will not practise aspiration, but place him on tonic treatment for his cachexia, and use counterirritants over the chest.

**DOUBLE LOBAR PNEUMONIA.**

The next patient is a man about 45 who has been a drunkard and has also had syphilis.

About five days ago he entered the hospital with a chill; he then had fever and cough, and an intense pain in the right side. His temperature was 102° F. and pulse 104, while his respiration was 40. This disproportion 104 to 40 alone enables us to say that there is some disturbance in the lungs, since the normal ratio is 4 to 1. His expectoration on examination presents a peculiar prune color and this is typical of pneumonia, since in this disease there is an increased flow of blood and the red blood cells mix with the exudation their hæmoglobin giving it the color.

On auscultating I hear no crepitant râles but tubular breathing and therefore we may safely diagnose the case as lobar pneumonia, and in the second stage on account of the tubular breathing. This is caused by the exudation having hardened in the vesicles in the second stage of the disease.

On more careful examination I am able to hear a few râles which means that the exudation is softening and air is again being admitted into the vesicles and if this were all I should say that the prognosis was favorable, but as I find his other lung is now becoming involved, making a double pneumonia the prognosis is grave, especially since he is a drunkard.

The treatment will be stimulating.

**CHRONIC BRIGHT'S DISEASE.**

The next patient is a man forty-five years old who complains of not being able to work on account of shortness of breath. Attention was just drawn to



his kidneys by an accentuation of the second sound of the heart.

The normal second sound of the heart is caused thus. In the systole, the ventricles contract and the blood is sent respectively into the pulmonary artery and aorta, and as pressure of the ventricles diminishes and the arteries fill, their elasticity forces the current of blood against the valves and makes them close with a sharp click, the normal second sound. Now when there is high arterial tension the blood is sent back with more force and this causes an accentuated second sound. As high arterial tension is generally indicative of Bright's disease, although it may be present in gout and other complaints, we will look to the kidneys of this patient (with increased second sound). On adding nitric acid to the urine I find a moderate amount of albumen and patient says there is an increased amount of urine, which will be of a low specific gravity.

I find on examination that the apex beat of the heart is felt lower than normal and also approaches the axillary line too much. There is therefore hypertrophy.

On auscultation I am able to hear a murmur with the first sound of the heart, its greatest intensity being on the right side of the sternum near the head of the second rib, which means an aortic stenosis or narrowing. The sphygmograph also gives indications of stenosis, the up stroke slanting and the top of the tracing being flat, a typical tracing of a badly filled artery.

The patient has also had swelling of the feet, but this is only present in about two-thirds of such cases. He complains too of dyspepsia and heart-burn which are generally referable in such cases to the leading disease.

These symptoms enable me to make a diagnosis of chronic nephritis or Bright's disease with heart trouble. This condition may go on for some time, and as it runs its course the arteries may become calcareous, perhaps causing cerebral hæmorrhage, or œdema of the lungs may result. In fact the many complications which we can now trace

to Bright's disease were once classed separately and this enables us to account for the seeming increase of the disease, which really is no more prevalent than formerly. The disease in this case has advanced too far for curative treatment.

#### ACUTE BRIGHT'S DISEASE.

This patient a boy of 15 says he noticed a puffing of the legs and face and that he has had chills.

On pressing his leg I feel it gradually yield like moist clay and the depressions remain for some time. There is therefore a serous exudation of the leg.

The nitric acid causes the appearance of a great amount of albumen and we may now safely call this acute nephritis, you can notice the difference in the urine of the last patient, not much albumen and of low specific gravity, and this urine loaded with albumen and of a high specific gravity, a difference usually found.

In acute nephritis we can generally hope for a cure while in the chronic form unless taken at the very start and treated properly a cure is hopeless.

These inflammations acute, either from scarlet fever, diphtheria, malaria, or simple cold in the kidneys as in this case, accompanied by fever, high pulse, pain in the loins, loss of appetite, and diminution of urine can be treated thus:

First a hot vapor bath causing much sweat and in extreme cases croton oil and elaterium but usually the compound jalap powder, consisting of one part of jalap to two of bitartrate of potash may be used to get rid of the dropsy.

Then a remedy may be prescribed which will increase the action of the kidneys without increasing hyperæmia and this we find in cream of tartar. A pleasant way of administering this is to add two drachms of cream of tartar to a quart of boiling water and while hot, slice a lemon with skin in the mixture and sweeten to the taste.

Under this treatment we may hope for a cure of the disease.

#### AORTIC ANEURISM.

This last case that I bring before you

is one of interest and rarity. This man is fifty years old and has worked hard all his life. He first noticed about ten years ago a small lump to the left of the sternum. This gave him no discomfort, but has been growing gradually until it is now about four by two inches, having eroded the top of the sternum. He says he was in the war and he has had syphilis. On inspection and palpation pulsation is noticed. He is not hoarse, nor short of breath; his left pupil is slightly contracted showing that some sympathetic branch (cilio-spinal) is pressed on and irritated, a slight irritation causing dilatation of the pupil and a paralysis, contraction. Now a pulsating tumor of the chest is so rare that we need not hesitate to diagnose this as an aneurism of the arch of the aorta.

On feeling the two radial arteries a great difference is noted and the sphygmographic tracings I have just made show us that the left radial barely fills and empties itself, while the right has almost the appearance of a normal tracing. The carotids are alike. This would show that the aneurism begins to the left of the arch (as he says), and involves the subclavian more than the carotid; these arteries as you very well know springing directly from the arch on the left side, while on the right they bifurcate from the innominate artery.

We might expect hoarseness or laryngeal symptoms from pressure on the recurrent laryngeal, which as you know, winds around the arch at about the point of this aneurism. It has so far escaped. Fortunately for our patient the aneurism has extended forward through the sternum in the direction of least resistance, and he can carry on his work of brick-laying with little inconvenience. This aneurism, as in so many cases, is caused by a degenerated condition of the walls of the aorta from syphilis. Different methods of treatment have been tried. Passing threads or fine wires through the aneurism to cause clotting of the blood and a cure has been tried and at times with success. In this case I think the iodide of potash may do some good. Therefore we will begin with small doses and gradually increase, keeping the man under close observation.

### Original Articles.

## TO DIAGNOSE CARCINOMA OF THE KIDNEY.

BY ROBERT HOFFMAN, M. D. OF BALTIMORE.

The patient whose case is under consideration is a workman fifty-one years of age, in a factory. As a young man he had an attack both of pneumonia and typhoid fever. The beginning of his present trouble dated about nine months back from an injury received by a ball of rags weighing about four or five thousand pounds falling on his back from a height of about twenty feet; it struck him with such force, that it crushed him to the ground, his chin coming in contact with his knees, and also injured his nose from the force with which he struck the ground. Immediately afterwards he began to suffer intense pains in his chest and back, breathing with great difficulty, the suffering being increased by any movement of the body. An examination at this time revealed a depression in the lumbar region; with this exception nothing else abnormal was noticed. The patient was put to bed and kept in as straight a position as possible, after eight weeks he was discharged from medical care. He could, however, not walk in an erect position but stooped considerably; neither could he perform his work with the same comfort and vigor as formerly. Patient remained in this same condition for about three months when one day he was suddenly seized with an intense stabbing pain in his right side at the lower margin of the ribs; this continued for an hour, when he felt a desire to urinate, the urine flowed in a normal stream which suddenly stopped entirely for a few moments when (as the patient described it) a red lump about the size of a finger was discharged from the urethra, the urine then again flowing normally until the bladder was emptied. This occurred about five months after the injury. After a short time the above described phenomena recurred, and so again and again until patient decided to consult a physician. Patient said before being injured he was a healthy strong



man, now he is thin and pale. Blood-clots are still discharged from time to time with his urine always after suffering intense pain; when this feature of the trouble began he passed the normal quantity of urine, now however it is much diminished. Patient is very much annoyed by a cough, expectorating a muco-pus, which on microscopic examination was found not to contain the specific bacillus of tuberculosis; the respiration is short, pulse weak. Examination of the urine at different times was made and always found to contain albumens and epithelial casts. There never was any febrile disturbance at any time since patient's injury, which fact is of considerable importance in forming a diagnosis. We then have to deal with a gradually developing marasmus not accompanied by fever, caused by traumatism. We may have such a history in a number of diseases which may develop after an injury as in the case under discussion and as it, running their course without fever; as for example in fissure of the vertebra or inflammation in the vertebral articulation with secondary caries following, known as *malum Pottii*. Patient after receiving the injury, noticed a slight weakness in his arms and also puffiness or swelling of his lower limbs. Lately patient walks, stooping very much and can do so only with assistance from others; this might be due to a slight paresis of those parts. The lumbar region is very prominent bulging out to a noticeable extent with enlarged veins freely distributed over the surface of this region. On percussion posteriorly to the left from the lower angle of the shoulder blade we got dullness; on percussion over the region of the right kidney (which can readily be done as patient is very thin), we got dullness extending over a surface which cannot be covered by a hand and a half, which shows us that the right kidney is not only larger than the left, but is also very much enlarged; moderate pressure over it causes no pain. On deep palpation below the under margin of the liver, which corresponds to the anterior surface of the right kidney, we come in contact with and can easily outline a tumor. The

examination so far reveals that we have to deal with hæmaturia and with a tumor in the region of the right kidney or probably of the enlarged kidney. We are justified in believing that the previously described attacks of colic are due to the passage along the ureter of the blood clots, which greatly distend it and thus giving rise to the pain, the blood coming from the right kidney. On learning the foregoing facts we must now make a diagnosis of the case. Quite frequently we have developed as the result of traumatism a paranephritis, inflammation in the connective tissue and fat structures in which the kidney lies. Inflammatory trouble usually attacks but one kidney and ends either in the formation of hard knots and scar tissue, but still oftener in abscess in which pus-formation goes on to an extensive degree. Again paranephritis is accompanied and preceded by fever, and chills or rigors, we have neither of these in the case under discussion and can therefore exclude it. Again as the result of an injury we may have a pyelonephritis; pus forming in the pelvis of the kidney; we will then find on examination, that the urine contains pus at times and also according to the observation of Oppolzer and Rosenstein epithelium from the pelvis of the kidney is found; usually fever is constantly present. In a nephritis, an inflammation of the kidney, distinct from an interstitial nephritis, we have swelling of the kidney region, exactly as in the case under discussion, but we find in the urine Malpighian bodies and other kidney tissue. In tuberculosis of the kidneys and the genital organs generally, the urine contains elastic fibres and short particles, in which we find the specific bacillus, also pus and blood cells and tiny sharply outlined light reflecting bodies. Besides this there is inflammation of the urethra, tumor like formations on the testis and other parts of the genital organs, and again we nearly always find a catarrhal condition existing in the apices of the lungs. In the patient we do find small growths on the testis and perineum, which would lead us to suspect urogenital tuberculosis complicat-

ed by caries of the vertebra, were it not excluded by the fact, that fever has never occurred at any time. By exclusion we find then that patient is probably suffering from carcinoma of the kidney, two characteristic symptoms being present 1. Hæmaturia and 2. Tumor in the region of the kidney. In many instances bits of tissue from the new formation are discharged with the urine in carcinoma of the kidney, this has as yet not occurred in this case. Treatment has been confined to controlling the hæmaturia by means of such drugs as turpentine, ergot, iron etc., also fluid extract of condurango for its supposed virtue in carcinoma marasmus.

### Society Reports.

#### CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD JANUARY 4, 1888.

The 219th meeting of the Clinical Society of Maryland, was called to order by the President, Dr. Geo. H. Rohé in the Chair.

Dr. David Street, 403 N Exeter street was elected a member of the society.

*Dr. Edmund R. Walker* exhibited several patients.

CASE I. A colored man, who on Christmas day was struck on the head with a rolling-pin and a second time on the forehead with a porcelain cup. He was seen at the time by a surgeon and subsequently sent to the Maryland General Hospital. Examination at that time showed that a fracture had occurred and that the bones were depressed to the depth of their thickness at least. He transgressed all the rules of surgery and did nothing but dress the wound. To-day a piece of bone was removed from the seat of injury. This was a criminal case and if the patient had died the perpetrator would have been prosecuted. On the other hand if he had been operated on and then died, that fact might have been used in evidence and the criminal gotten clear.

CASE II. White man, in 1876, while skating in a rink in Cumberland, Md.,

fell and struck on his forehead; he became unconscious at the time, soon recovered however, but the wound remained inflamed for some time afterwards. Two years after this he had four or five epileptiform seizures. He then went to Philadelphia and Dr. Gross operated on him; this did not seem to relieve him. About four months ago he fell into his hands and as he was still suffering from his epilepsy, he trephined him again. The instrument was placed a little to the right of the median line of his forehead and a button of bone was removed. In addition to the trephine a gouge forceps was used and in coming towards the left side of forehead with it he found the opening of Dr. Gross' trephine. Patient rapidly recovered from the operation, but still has the epileptic seizures, though not so severe. There is a complete reproduction of bone and probably that is the cause of their continuance. No aura of their approach is experienced by the patient.

CASE III. Patient male, white, who had been treated at the Maryland General Hospital. He came there suffering with typhoid fever, after which he developed pneumonia and finally he suffered from empyema. About two months ago he resected his rib and removed about two pints of pus. The sac was then washed out with a solution of bichloride of mercury and no bad symptoms followed the operation. The patient at present is in good condition and is nearly well. The lung has expanded to about its normal dimensions. He said in reference to the first case that he would like to get the opinion of the members as to his method of treating it. whether or not he should have trephined instead of letting the patient alone as he did?

*Dr. T. W. Kay* said that in so far as the patient has recovered from the effect of the wound is no sign that other trouble will not arise in the future. He then showed a specimen of a fractured skull from a negro who had been struck on the head, after which he remained unconscious for about two hours. Subsequently he came into the hospital and three sinuses were present at the seat of the primary injury. Both tables of the



bone had been fractured. He never had any paralysis and no discharge took place for eighteen months after the injury.

*Dr. Edmund Walker* said that he had trephined a case several years ago for epilepsy and when the button of bone was removed a considerable spiculum of bone was attached to it.

*Dr. L. McLane Tiffany* asked if there was present in the case he trephined for epilepsy, any depression of the inner table? It seems that if the depressed bone here gave rise to epilepsy, and we know it sometimes does, will not the first case mentioned by doctor Walker cause its development. That the wound has healed is all right; that every case of depression demands removal of bone is not so; he has a number of cases where depression existed and no bone was removed and no epilepsy occurred. If we take care to smoothe off all the sources of irritation we can diminish the tendency to the development of epilepsy to a considerable degree.

*Dr. F. T. Miles* said that his name had appeared on the card to talk of cerebral localization, but he would not presume to teach the members of this society any thing on that subject. There are points, however, that interest physicians that the surgeons seem to forget; their aim being apparently directed to the healing of wounds. There are some localities in the brain that we know; how did we get them? by clinical experience and by post-mortem examinations. Experiments on animals, while of value, are sometimes misleading. He was consulted on one occasion to see a gentleman, who was thought to be paralyzed on the right side. He had an affection of his speech and his movements were made with the left arm. After examining the patient he found that the right arm was not paralyzed and he could move it, but was not able to direct its movements. If that brain could have been observed after death it would have been of profound interest. That center is said to be located about the angular gyrus. When a brain is injured he thinks that many times the examinations are too superficial to determine the degree of loss of

power, &c. When a patient is unconscious we can test his power through all the reflexes. As to the practical point of getting at things on the inside of the skull, too much stress is laid on it. He showed a specimen of an African's skull where the Rolandic fissure was not in its normal position. So we must take into consideration the shape of the skull. He does not believe that every epileptic fit which comes on with movements of the hand or foot can be localized; in many different brains the convolutions vary and no one can see them through a trephine hole. When we have to trephine under such conditions we should make the opening large enough to use the faradic current. In 1879 he had a patient who had Bright's disease and he was suddenly stricken down with hemorrhage of the left side of the brain; he improved rapidly, however, and the arm became strong again, though the body remained weak and the leg still paralyzed, later the body improved and finally the leg except from the knee down which remained paralyzed till death. At the post-mortem a clot of blood was found just in front of the fissure of Rolando; just at that part that Horsley puts down as the arm, leg and trunk center. The center of vision is a most important one. About fifteen years ago there was a young man at the Infirmary who suddenly became blind, he was seen by Dr. Chisolm at the time. The blindness remained and no diagnosis was ever made. He was subsequently sent to the institution for the blind where he finally died. He made an autopsy on him and one or more blood clots were found in the inferior occipital lobe. It was many years after this that the occipital lobe was found to contain the center of sight. The center of vision is a complicated one. There are several kinds of visions, viz: color blindness, ordinary vision such as light, darkness, &c., and still another kind where we see the color, form, &c., but do not see the concept so to speak. All of these want investigation. There seem to be two centers for vision; the upper one presiding over visions of certain quadrants, and the lower one over certain other quad-

rants. He thinks that the angular gyrus is the center of what we term mind vision. Charcot has related the case of a man who was noted as a painter. He could recall to mind without difficulty landscapes and even whole pages of a book could be remembered. Suddenly his mind became diseased and after this he could remember nothing, not even his house, nor how his wife looked, &c. Some years ago he had a case at the Infirmary where the patient's symptoms were so peculiar that he first thought him insane. On one occasion he told him to go up to the corner for a walk, but he would not do so, because, he said, he could not find his way back again. He possessed no power at all of recalling vision. The auditory center is situated in the temporal lobe.

Epilepsy is often connected with trouble about the cortical surface of the brain. We must remember that a case centering on some one of these motor centers may start from irritation somewhere else. He has seen epilepsy partially stopped in a boy after having been circumcised. A number of cases have come under his observation where epilepsy developed from frontal injury. We have all heard of the famous crow-bar case; the specimen from which has been preserved in some museum. The crow-bar has likewise been kept. Some one interested has looked up the history of this individual and it was shown that before injury that he was an upright, honorable man, but afterwards he became a most unrighteous one. It is of the greatest importance not to pull a fresh brain apart when we examine it for an injury. It should at first be carefully hardened and the sections made cross-wise. Then we get the relation of the injury to the internal capsule and other important localities.

*Dr. B. B. Browne* read a paper on the removal of the tubes and ovaries for pelvic inflammations with the report of four cases.

*Dr. A. K. Bond* said that he had seen the fourth case reported by *Dr. Browne*, as he had attended her during the doctor's absence from the city, and as he belongs to the medical side of the question

he wanted to discuss it from that standpoint. Notwithstanding the fact he has a horror of the castration of women, he thought in this instance that such a procedure was entirely justifiable. She was a very nice woman, and was fast getting into the morphine habit. During his attention to her he substituted codeia and finally withdrew that and decided to give her nothing. He discovered that she had decayed teeth and that by paying attention to them the pain ceased for a while, it returned again, however, and the result of the operation in bringing about relief shows its justification.

*Dr. W. P. Chunn* said that *Dr. Browne* has been particularly fortunate in having four cases with such symptoms present and the causes in each of them so easily found; others have not been so fortunate. In a number of cases you can find some cause that gives you confidence that you can bring about a cure; in others nothing is present to account for them and this class of patients gets well; in others still the symptoms are marked and no signs to account for them and the patients do not get well. This class is the one that has cast opprobrium upon the operation. He had a case once where no physical signs could be found and he did not know what to do in the matter. Subsequently the patient died of heart disease and the post-mortem showed that her ovaries were nothing but pus bags; that woman's ovaries ought to have been taken out.

*Dr. L. E. Neale* showed a specimen of an ovum at about the sixth week. The woman from whom it had been obtained had been bleeding profusely and a tampon was used to arrest it, when the tampon was removed the specimen was found in the vagina. When abortion is inevitable about this period the tampon is one of the best means of removing it.

W. J. JONES,

Recording Secretary.

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The newspapers say: "A man in Harrisburg, Pa., whose spine was so weak that he was unable to maintain an erect position, has been furnished by a surgeon with a metallic backbone."



## MARYLAND MEDICAL JOURNAL

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BALTIMORE, FEBRUARY 2, 1889.

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## Editorial.

A CONTRIBUTION TO THE THERAPY OF BACILLARY PHTHISIS.—In such a hopeless disease as phthisis in any form, no reasonable mode of treatment should be neglected when all the ordinary methods fail. Of late it has been the fashion to suggest new plans of treatment in this disease, but few have been even in a small degree successful if perhaps we except creasote as more recently prescribed.

Dr. Louis Weigert in a communication to the "*Internationale Klinische Rundschau*, No. 51," gives his principle of treating bacillary phthisis, and even if it is not new, it is worthy of consideration. Heretofore in treating tuberculous cases the trouble has been that the bacilli withstand the antiparasitic means much better than the animal cells, *i. e.*, the treatment kills the patient before it destroys the bacilli; but it has been shown that the tubercle bacilli are particularly sensitive to heat. They flourish

at 37.5°C. [99°F.], still less at 38.5°C. [100.8°F.], they die in a month if exposed to a temperature of 50°C. [122°F.] and heated to 100°C. [212°F.] they die at once. Now if man can inhale air, even if not hot enough to kill these bacilli at least to prevent their increase, much will be gained. From this point Weigert makes the following statements:

1. Former experimenters were correct in their statements as to the above given temperatures.

2. In the case of the tubercle bacilli it is possible to weaken their power of development and growth by repeated sterilisations.

3. Dry air heated to 150°–180°C. [302°–356°F.] can be inhaled by man several hours, and these inhalations only cause a quickening of the pulse in the first few minutes, an increase in frequency of the respiration with deepened inspiration and an increase of temperature of  $\frac{1}{2}$ °–1°C. [0.9°–1.8°F.] while the expired air is only 45°C. [113°F.]. After an hour the temperature returns to the normal and the patient is not affected. Weigert has not yet been able to find out the temperature of the air within the alveoli during these inhalations and it is not easy to see how even a German can do this.

He has already treated a large number and although he cannot say in what stage of the disease the virulence of the bacilli is weakened, still he has, according to his statement, abated most of the symptoms and put the patients in the way of a cure. His apparatus which is described with illustrations consists of a stand much like a music stand with rack above for holding a book if the patient desires to read during the inhalations. To this stand is attached a Bunsen burner over which is a cylinder in which the air is warmed and to which a pipe and mouth-piece are attached.

The following is suggested by the author:

1. At first the inhalations should last a half hour twice a day, but should be

increased as soon as possible to two hours twice a day. This is different in different patients. They should never last long enough to tire the patient.

2. The patient should take at first deep and later forced inspirations.

3. The temperature should begin with 100°C. [212°F.] and can, with most patients, be increased in a few days to 250°C. [482°F.] This may be exactly measured by the thermometer near the mouth-piece. As the air is slightly cooled in the pipe after passing the thermometer it is not likely that the patient gets it at 250°C.

4. In case of hemorrhage the inhalations must cease.

5. In hæmoptysis and pleuritic complications the inhalations may be kept up with shallow inspirations.

6. After inhaling, the patient should remain a half hour lying down and then in favorable weather he should go out. Of course antipyretics and other treatment may be used at the same time if necessary.

Weigert's whole plan and the results are very rose-colored. Still anything is worth trying in such a hopeless disease and where all means fail it would be no difficult matter to make a simple inhaling apparatus after the pattern of the one described.

**BLACK TONGUE.**—Only about forty cases of this affection of the tongue have been reported. The second case in American literature is reported by Dr. Levisur (*N. Y. Med. Journal* Jan. 12, 1889), it having been shown to him in a New York Dispensary. The patient, a man of 28 years, had suffered from syphilitic mucous patches on the tongue which persisted for some time in successive crops in spite of careful treatment with general remedies and the local application of washes and lunar caustic. At length all symptoms of disease disappeared, save a spot in the centre of the tongue of the size of a five-cent piece. One week later the patient returned and examination revealed a spot looking as if covered with short black

hair or wool, in the middle of the tongue and extending a little to the right, about one inch in length by three-quarters of an inch in width. A part of the black mass, cut off with scissors, was found under the microscope to consist of very greatly elongated filiform papillae covered with hypertrophied epithelial cells. The brownish color was darker in the epithelium cells than in the underlying connective tissue. He did not see this patient again. He gives a short account of the disease as it has been described by Brosin and others. It usually appears in patches, is a purely local disease, and produces no symptoms of note save a slight dryness of the mouth, and, when it is extensive, an ugly appearance of the tongue in speaking. It may last a few days or many years, perhaps disappearing and recurring. It affects generally the feeble. In some cases it resists all treatment. The black color depends, probably, upon the deposit in the tissues of a peculiar brown pigment similar to that observed in comedones and ichthyosis histrix. It cannot be denied that the drying and oxidizing influence of the air, the chemical properties of foods, and and drugs may aid in the production of this black color, but there must be some underlying pathological condition of the tissues. Perhaps some fungus, growing to excess, may, acting in much the same manner as chemical preparations, be in certain cases an etiological factor.

### Reviews, Books and Pamphlets.

*Clinical Atlas of Venereal and Skin Diseases, including Diagnosis and Treatment.* By ROBERT W. TAYLOR, A. M., M. D., Surgeon to Charity Hospital, New York, and to Department of Venereal and Skin Diseases, New York Hospital, etc. Illustrated with 192 figures, many of them life size, on 58 beautifully colored plates. Also many large and carefully executed engravings through the text. Part III. *Venereal Diseases.* Part IV. *Diseases of the Skin.* To be completed in eight folio parts, measuring 14 by 18 inches. About 400 pages of



text. Price per part, \$2.50. Two parts to be issued every two months. For sale by subscription only. Philadelphia: Lea Brothers & Co. 1888.

Part III treats of the various syphilides, syphilitic affections of the nails, teeth and bones, and then gives a general line of treatment both of acquired and hereditary syphilis. Part IV discusses the general diseases of the skin, and after an explanation of terms and a list of skin diseases according to the American Dermatological Association, the subjects of erythema, eczema, acne psoriasis and favus are introduced, with colored plates of each disease. These are fully up to the first numbers, and the whole promises to be a most invaluable work.

*The Skin Diseases of Infancy and Early Life.* By C. M. CAMPBELL, M. D., C. M., Edin., etc. London: Baillière, Tindall & Cox, King William Street, Strand. 1889. pp. 202.

Considering the large number of cutaneous eruptions in infants and children, and the common occurrence of the eruptive diseases and the difficulty of always deciding what an eruption in early life may portend, such a book as this is a valuable addition to any physician's library. Each disease is given with diagnosis and treatment, and at the end are added formulæ and notes upon therapeutic agents. The book is very attractive and useful.

*A Practical Treatise on Nervous Exhaustion (Neurasthenia), Its Hygiene, Causes, Symptoms and Treatment.* By GEORGE M. BEARD, A. M., M. D., formerly Lecturer on Nervous Diseases in the University of the City of New York; Fellow of the New York Academy of Medicine, etc. Second Edition Revised and Enlarged, by A. D. ROCKWELL, A. M., M. D., Professor of Electro-Therapeutics in the New York Post Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, etc. New York: E. B. Treat. 1889. pp. 254. Price \$2.75.

In this volume, being the fourteenth

of "Treat's Medical Classics," the authors have written up a very prominent disease and brought together all the scattered facts on the subject of neurasthenia or nervous exhaustion. Usually none but the wealthy can afford to be nervous, and the authors point out the fact that the disease is much more common in America than in other countries, and also the Americans are a drug-taking people, as the magnificence and wealth of our wholesale and retail drug houses show in comparison to those of other countries. The treatment is often without result. The book is well worth reading and contains excellent hints.

*Text-Book of Medical Jurisprudence and Toxicology.* By JOHN J. REESE, M. D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania; late President of the Medical Jurisprudence Society of Philadelphia; Member of the College of Physicians of Philadelphia; Corresponding Member of the New York Medico-Legal Society, etc. Second Edition. Revised and Enlarged. Philadelphia: P. Blakiston, Son & Co., 1889. Pp. 646.

A growing appreciation of the importance of a knowledge of medical jurisprudence by both the profession of medicine and law has demanded a second edition of this work. The most important additions will be found in the chapters on blood stains, suffocation, ptomaines and malpractice; also in various articles in the department of toxicology. The statement that it is possible to distinguish microscopically human blood cells from others is not true. The author does not mention here the blood of the dog, which resembles very closely that of man.

*Handbook of the Diagnosis and Treatment of Diseases of the Throat, Nose and Naso-Pharynx.* By CARL SEILER, M. D., Instructor of Laryngology and Lecturer on Diseases of the Upper Air Passages in the University of Pennsylvania, etc. Third Edition, thoroughly revised and greatly enlarged. Illustrated with two lithographic

plates, containing ten figures and one hundred and one wood engravings. Philadelphia: Lea Brothers & Co. 1889. Pp. 373. Price \$2.25.

This is much larger than the first edition, and every chapter has almost entirely been rewritten. The subjects of vaso-motor coryza and hay fever are treated according to the most recent ideas on the subject. This is a small but useful manual.

*Physicians' Leisure Library. Bright's Disease of the Kidney.* By ALFRED L. LOOMIS, M. D., LL. D., Professor of Pathology and Practice of Medicine, New York University Medical College, etc. Detroit, Michigan: George S. Davis. 1888. Pp. 117. Paper, 25 cts. Cloth, 50 cts.

This is a very short and concise account of what we know about Bright's disease at the present day. The history, pathology and symptomatology are fully discussed, but the treatment is rather meagre. Full attention is given to the cardio-vascular changes, a subject which the author has carefully studied.

*Henry's Posological and Therapeutic Tables, containing the Doses, Actions and Uses of the Medicines in the British Pharmacopœia, with Poisons.* Third Edition, revised and enlarged. Edinburgh: MacLachlan & Stewart, 64 South Bridge. London: Simpkin, Marshall & Co. 1888. Pp. 83.

This little manual may be very useful in England, but for this country it is a little old fashioned, and being founded on the British Pharmacopœia might be dangerously misleading in prescribing powerful drugs.

*Chemical Notes and Equations for the Use of Students.* By R. MILNE MURRAY, M. A., M. B. EDIN, F. R. C. P. E. Third Edition, Edinburgh. MacLachlan & Stewart, London. Baillière, Tindall & Cox, 1888, Pp. 113, Price 2s.

This is a very useful little cram-quiz for students who wish to review the subject before examination. It should only be used as an addition to larger works.

*Wood's Medical and Surgical Monographs.* Published monthly. \$10 a year. Single copies, \$1.00. Vol. II. "Gonorrhœal Infection in Women," by William Japp Sinclair, M.A., M.D. "On Giddiness," by Thomas Grainger Stewart, M. D. "Albuminuria in Bright's Disease," by Dr. Pierre Jaenton. New York: Wm. Wood & Co. 1889.

The second volume is equal, if not superior, to the first. Sinclair points out the dangers of a gonorrhœa in the female and the many complications it may cause. In the latent and creeping form it often remains a long time undetected and brings about serious troubles whose etiology is obscure. Most works on the subject treat of gonorrhœa in women as something rare or unimportant, but this author very properly suggests that it is not always recognized, and hence its apparent infrequency. The monograph on "Giddiness" touches a very important symptom in many diseases, but here it is discussed principally in relation to Menière's disease and disease of the pons Varolii. A clear exposition of such a symptom as giddiness by such a well known writer forms an important addition to medical literature. In the monograph on "Albuminuria," the author, a Frenchman, gives us the clinical significance of albuminuria in relation to Bright's disease, and goes over this much-discussed subject in a very thorough and satisfactory manner. The tendency seems to be to attach less and less importance to the presence or absence of albuminuria.

*Die Cultur-Aufgabe der Volksbäder.* Rede gehalten am 18. September in der I. allgemeinen Sitzung der 61. Versammlung deutscher Naturforscher und Aerzte zu Cöln, von Dr. Oscar Lassar. (Gedruckt zum Besten des Berliner Vereins für Volksbäder). Preis 30 Pfennige Berlin: August Hirschwald, Unter den Linden Nr. 68, 1889.

This is a very eloquent and earnest appeal for the erection of free public baths in Berlin for the people. The author first gives a historical sketch of the



baths of the Greeks and Romans as the ruins of the present day show their former elegance and comfort, and then he adds the more practical part, speaking of the public baths which already exist in some of the other cities of Germany and their cost of building and maintenance, and a sketch of several plans. In the large cities of Europe a bath-room seems to be a luxury, hence the private bath houses in some cities do such a lucrative business. In America few dwelling houses are without one bath room and many have more. The author utters the modest wish that every German may have one bath a week.

*Archives de Physiologie Normale et Pathologique.* Directeur. M. BROWN-SÉQUARD. Sous-Directeurs; MM. Dastre, Professeur à la Faculté des Sciences; François-Franck, Member de l'Académie de Médecine. Cinquième Série—Tome Premier, Nos. 1-2,—Janvier et Avril 1889, Avec 2 Planches et 58 figures dans le Texte. Paris. G. Masson.

The Archives of Physiology appear every three months and each number contains a large collection of highly interesting articles all of them of course within the domain of physiology. Besides eighteen original articles, there are leading articles, book reviews and gleanings from similar publications in English, German, Italian, Belgian and French.

*Transactions of the Association of American Physicians.* Third session, held at Washington, D. C., September 18. 19 and 20. 1888. Volume III. Philadelphia; Printed for the Association 1888.

The Association of American Physicians like all other bodies composing the Congress of American Physicians and Surgeons, having been liberal enough to allow all contributions to it to be published where the author wished as well as in the transactions, the contents of this third volume are by this time well-known to the reading medical public. If all fossil societies now in existence would pursue a like liberal policy, our moss-covered state societies would cease

to exist and we would have live wide-awake bodies in their place.

*Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the fiscal year 1888,* Washington, Government Printing Office 1888.

*Reports of the Consuls of the United States for September and October 1888.* Washington; Government Printing Office 1888.

*Pulmonary Consumption Considered as a Neurosis.* Being two of a series of evening lectures given by the Faculty of the Philadelphia Polyclinic in the course of 1888 and 1889. By THOS. J. MAYS, M. D., Professor of Diseases of the Chest in the Philadelphia Polyclinic. Reprinted from the Therapeutic Gazette, November, 15 and December 15, 1888. Detroit, Michigan: George S Davis, 1888.

*On Micrococcus Pasteuri* (Sternberg). By GEORGE M. STERNBERG, M. D., F. R. M. S., Major and Surgeon U. S. Army. Reprinted from the Journal of the Royal Microscopical Society.

*Cases in Orthopædic Surgery.* By AP MORGAN VANCE, M. D., Louisville, Ky. Reprinted from *New York Medical Journal* for November 7, 1885.

*Femoral Osteotomy for the Correction of Deformity resulting from Hip-Joint Diseases.* By AP MORGAN VANCE, M. D., Louisville, Ky. Reprinted from the *New York Medical Journal* for December 1, 1888.

*Scribner's Monthly for January and February 1889.*

In the February number Dr. D. A. Sargent has an article on the physical development of women. If physical training is necessary to secure the best types of men, it is equally important as an agent toward securing the fullest development of women. Furthermore, most men are engaged in the struggle for material gains, and are obliged to confine themselves to efforts prescribed for them by the division of labor. The

tendencies of our civilization is to warp, twist, and belittle men with the stamp of their occupation. Leisure for physical culture for its own sake can only come with increase of wealth, and this will ever be in the possession of the minority. At the present time women as a class have more leisure than men for self-improvement, and we must look to them to help on the higher evolution of mind and body, not only in perfecting themselves, but in helping to perfect others.

*A Convenient Calendar and Stand.*

—The most convenient, valuable and novel business table, or desk calendar for 1889, is the Columbia Bicycle Calendar and Stand issued by the Pope Mfg. Co., of Boston Mass. The Calendar proper is in the form of a pad of 365 leaves, one for each day. The leaves are  $5\frac{1}{2}$  by  $2\frac{3}{4}$  inches, a portion of each is left blank for memoranda, and as the leaves are sewed at the ends, any entire leaf, as well as the memorandum blank, can be exposed whenever desired. The pad rests upon a portable stand, and when placed upon the desk or writing table the entire surface of the date leaf is brought directly before the eye, furnishing date and memoranda impossible to be overlooked. The upper portion of the stand is made of pressed pulp, with "Columbia" in raised letters at the top, the whole handsomely gilded, and practically indestructible. Although this is the fourth year of the Columbia calendar, the quotations are fresh and new, and are interesting and instructive to the public as well as to the cyclist. A departure is made this year, in that a portion of the quotations pertain to typewriting and stenography, with occasional reference to the new Becker typewriter made by the Pope Mfg. Co. The reading matter in no way interferes with the calendar, and the information contained on the leaves would, if placed in book type, make a fair sized volume.

CORRECTION.—On page 248 about middle of first column, for *bicarbonate* of potash, read *bitartrate* of potash.

*Miscellany.*

NECESSITY FOR WEARING GLASSES.—

There still exists quite a prejudice in the minds of many against the use of glasses. This prejudice is not wholly confined to the laity, but is shared by many excellent physicians. It is due principally to the ill effects of poorly adjusted glasses, and partly to a lack of knowledge of the fact that if glasses are needed, it is altogether possible to learn what ones are needed to so adjust them as to be a benefit to the eyes, and in every case to avoid doing injury.

By far the greater number of glasses that are now worn are fitted (?) by the individuals who wear them, that is to say, a man concludes he needs glasses and proceeds to an optician's store and selects a pair that he thinks suits him. It is needless to say that persons under forty years of age run some risk by so doing. Neither is it altogether safe for those over that age, though if the difficulty be only a loss of accommodation, or power to see objects at a short distance from the eyes, then a serious mistake is not likely to be made.

Some opticians assume the responsibility of fitting any and all cases that apply to them. As well had the druggist essay to treat all cases of disease that may apply to him for medicine.

Quacks play no little part in lessening the confidence of the people in the efficacy of properly adjusted glasses. They know but little or nothing of the eye and its needs, and it but too often happens that the patient could have done better in fitting himself.

Unquestionably, the necessity for wearing glasses is becoming much more common than formerly, and the reasons for this are very apparent. All eyes that are not myopic (near-sighted) are in active service at all times, except when they are closed or fixed upon an object that is twenty feet or more distant. It is easy to imagine how little rest the eye gets during the day, when its owner lives in a city. The varieties of employment in which the eyes are brought into constant and unremitting use during the entire working hours of the day, are



rapidly increasing. Such work makes manifest many minor defects of vision that would pass entirely unnoticed but for the severe tax on the eyes. Never before has reading formed so important a part in the lives of so many person as now. As civilization advances the demands for acute vision must increase.

It is not generally known that it is the exception and not the rule to find eyes that are perfect in shape. It does not follow, however, that all eyes that are not perfect in shape should have glasses fitted to them. The purposes for which they should be prescribed are, first, to prevent disease of the eyes from "eye-strain;" second, to aid in the cure of certain diseases by giving the eyes rest; third, to enable the patient to better pursue his avocation in life, and, fourth, for his comfort.

As a rule, spectacles add nothing to the appearance of the wearer, and they are always a source of inconvenience. Unless there is a definite object to be attained by their use patients are better off without them.

Nearly every case of myopia should be corrected with glasses. Other errors of refraction should be corrected only when they interfere seriously with vision or give rise to disease or decided discomfort to the patient. The degree of error bears no definite relation to the necessity for correction.—*Weekly Medical Review.*

**COMPARATIVE VALUE OF CHEMICAL SUBSTANCES AS ANTISEPTICS.**—At a recent meeting of the Society of Chemical Industry, held in London, Mr. C. T. Kingzett, F. I. C., F. C. S., read an interesting and instructive paper upon the comparative antiseptic values of chlorides, nitrates, sulphates, and other chemical substances. The experiments carried out were of the simplest character. An extract of beef was made by digesting 5 lbs. of fresh lean beef in water at a temperature not exceeding 40°C.; this, after filtration, was cooled and made up to five litres. Ninety-five cubic centimetres of this extract were taken, to which were added five cubic centimetres of a 5 per cent. solution of the antiseptic to be

tested. The solutions were then examined from time to time, and the days upon which they became putrid were recorded. In those cases where the antiseptic is not soluble in water to that extent, the boiled solution containing that quantity was used. The author believes that the true antiseptics, as they act in relation to any *one* micro-organism, so do they to any *other* micro-organism, either by destroying it or bringing about such a change in the composition of the medium as to render it incapable of sustaining the life or subsequent development of the respective species. According to this view, he therefore claims for his experiments truly comparative results which were briefly as follows:—

The solutions containing the chlorides of potassium, sodium, ammonium, barium, strontium, calcium, and magnesium, as well as the standard extract, were putrid on the fourth day; chlorides of iron, lead, zinc, and tin were putrid on the ninth day; chloride of aluminium was putrid on the fifteenth day; chlorides of copper and mercury remained unchanged.

The nitrates of potassium, sodium, ammonium, barium, strontium, calcium, magnesium, and iron were putrid on the fourth day; nitrate of zinc on the sixth day; nitrate of lead on the ninth day; nitrates of copper and mercury remained unchanged.

The sulphates of potassium, sodium, ammonium, magnesium, iron and manganese were putrid on the fourth day; sulphate of zinc on the fifth day; sulphate of aluminium on the eleventh day; sulphates of copper and mercury remained wholesome during the whole period of observation—viz., sixteen days.

The following other substances, with some selected chlorides, nitrates and sulphates, were then examined:—Five cubic centimetres of a saturated solution of "salufer" (Thomson's flosilicate of sodium); five, ten, fifteen and twenty cubic centimetres of ordinary "sanitas" fluid; five cubic centimetres of bactericide (i.e. a solution containing 5 per cent. mercuric chloride in peroxide of hydrogen of five-volume strength). The mixtures became putrid in the following order:

The standard beef solution on the third day; the sulphate of zinc and nitrate of lead mixtures on the fifth day; the 5 per cent. "sanitas" on the sixth day; the chlorides of lead and tin mixtures on the seventh day; the "salufer" and sulphate of aluminium mixtures on the eighth day; the nitrate of mercury and chlorides of iron and aluminium mixtures on the twelfth day; the chloride of zinc mixture on the fifteenth day; the nitrate of zinc mixture on the twenty-first day. The mixtures containing ten cubic centimetres and upwards of "sanitas," as well as those containing "bactericide" and the chlorides and sulphates of copper and mercury, remained unchanged during the whole period of observation—viz., thirty-four days.

Finally, experiments with 5 per cent. solutions of the following substances in peroxide of hydrogen of five-volume strength were made:—Potassium hydrate, potassium chlorate, bisulphate of potash, borax, borax neutralized with boric acid, sodium benzoate, ethylic ether, glacial acetic acid, quinine disulphate, quinine sulphate dissolved in slight excess of sulphuric acid, chloroform (5 cubic centimetres chloroform + 50 of absolute alcohol + 45 of peroxide of hydrogen, ten-volume strength), phenol, chloral, hydrochloric acid, oxalic acid, boric acid, and sulpho-phenic acid.

The results were as follows:—The standard extract and the sodium benzoate and neutral borax mixtures were putrid on the third day; the quinine disulphate mixture on the fourth day; potassic chlorate mixture on the fifth day; chloroform mixture on the seventh day; borax mixture on the tenth day; boric acid and the quinine sulphate dissolved in excess of sulphuric acid on the thirteenth day; bisulphate of potassium on the seventeenth day; acetic acid mixture on the nineteenth day; chloral and oxalic acid mixtures on the twenty-fourth day; sulpho-phenic acid on the twenty-seventh day. The hydrochloric acid and phenol mixtures were still good after thirty-nine days.

These results are not without interest. Corrosive sublimate appears to be by far the most powerful antiseptic known, but

it also ranks as one of the strongest poisons, and hence objection must be taken to its general use except in the hands of medical men. That nitrate of mercury failed to preserve the beef solution longer than the twelfth day is curious to note. The solution of the red iodide of mercury in potassium iodide, the sulphites and bisulphites, and salicylic acid, all of which are generally recognized as possessing valuable antiseptic properties, do not appear to have been experimented with. However, all through the paper we find a clear record of facts, and an investigation of this character merits the appreciation of all those interested in sanitary science.—*Lancet*.

**TUBERCLE OF THE VAGINA AND CERVIX UTERI.**—Tubercular disease of the female organs is more frequent than was formerly supposed to be the case. Dr. Zweigbaum, of Warsaw, recently described in a German newspaper the case of a woman, aged 32, and the mother of five children, all whose near relatives had died young. Fungous ulceration of the vaginal portion of the cervix occurred; it was burnt with the thermocautery, and healed after a course of three weeks. The ulceration recurred with profuse discharge. On exploration, a cavity, big enough to lodge a walnut, was discovered in the left posterior aspect of the vaginal wall. The edges were hard, the base ashy-grey and lardaceous in appearance. This cavity reached to the vulvar aperture. A hard, grey-based ulcer lay on the cervix. The inguinal glands were enlarged. The ulcer of the vagina increased; a portion was excised and examined under the microscope; it was found to contain hosts of bacilli. After five months of suffering the patient succumbed to rapidly advancing tubercular disease of the lungs and intestines. The local disease above described had also made great progress, invading the vulva. Dr. Zweigbaum could not prove that the tubercular lesions of the genitals were the primary condition in this case, but considered that there were good reasons for thinking so. The tubercular process had greatly advanced in the outer genitals before there



were distinct signs of lung-disease. The invasion of the vulva was remarkable in this case. Only two cases, according to Dr. Zweigbaum, have previously been recorded, whilst he has found twenty-nine cases of tubercle of the vagina and cervix. In nearly half of the latter there was simultaneous tubercular disease of the internal organs. In only three was there evidence that the disease was primary; in the remainder general tubercular disease existed. Dr. Zweigbaum concluded that there was no difficulty in understanding how secondary tubercular disease could attack the female organs. He traced primary disease of the parts to direct infection either during coitus, or from the fingers of mid-wives and nurses who attend tuberculous patients. Infection might also occur through injections. Uterine and tubal catarrh, and, above all, chronic gonorrhoea, predisposed the patient to tubercular infection.—*Brit. Med. Journal*.

**YELLOW FEVER GERM.**—A dispatch from Columbus, O., in the *Baltimore Sun*, says: "Professor H. J. Detmers, of the Ohio State University, has concluded the task of photographing the yellow fever germs that had been sent him by Dr. James E. Reeves, of Chattanooga, Tenn. The professor says this is the first time that yellow fever germs have been found in the tissue, scientists heretofore searching for them in vain. They have been found in zoogloea masses in the capillary blood-vessels, which appear distended and ruptured, and at these ruptures these zoogloea masses are dense and large. The bacilli present themselves in four forms; the first in a plain, dark, round mass; the second an oval, with a dark point at each extremity; the third an oblong disc, with dark points, as in the second, and fourth two dark united by a film, and strikingly resembling a dumb-bell. Being asked as to how the discovery regarding the cause of the yellow fever came to be made, he said: 'Dr. Sternberg, of Johns Hopkins University, for a number of years has made exhaustive searches for the yellow fever germs, but without success, in the tissues. During the last epidemic he

made several post-mortem examinations at Decatur, Ala. Liver and kidney tissue of two persons at least were sent by him to Dr. Reeves for the purpose of mounting for microscopical purposes. I have several negatives, each of which is good. Some show the bacteria singly, others in masses with the capillaries distended with them.'

"Dr. George M. Sternberg is a surgeon in the United States army, and is doing his laboratory work in Baltimore at the Johns Hopkins University. He has been engaged during the past two years in investigating yellow fever under orders from the President of the United States, and in compliance with an Act of Congress making an appropriation for this purpose. Last year he visited Brazil and Mexico in the prosecution of his investigations. He also went to Havana, and in the autumn to Decatur, Ala., for the same purpose.

"He says that the announcement that Dr. Reeves has discovered the specific germ of yellow fever is entirely premature. Dr. Reeves has found bacilli in the tissues of one or more cases of yellow fever which occurred during the recent epidemic in Decatur, but bacilli had previously been seen in yellow fever tissues by Dr. Sternberg and others. Last spring in Havana Dr. Sternberg obtained by cultivation from the liver in two cases and from the kidneys in four cases bacilli resembling those which have been found by Dr. Reeves and probably identical with them. A detailed report with the reference to the various micro-organisms which he has encountered in the tissues and in the alimentary canal of yellow fever patients will in due time be submitted by him to the President of the United States. In the meantime he calls attention to the fact that the finding of bacilli in the tissues of one or more cases of an infectious disease is a long way from making the scientific demonstration that these are the specific cause of the disease."—*The Journal*.

**NECROSIS AND GANGRENE PRODUCED BY CARBOLIC ACID.**—Dr. Max Kortium of the Schwerin Town Hospital, writing

in the *Internationale Klinische Rundschau*, mentions several cases which he has seen, and several more which have been reported to him by medical friends, where carbolic-acid applications have been followed by necrosis of bone or sloughing of the soft parts. In some cases there was no doubt that the patient had used much stronger lotions than were prescribed; in others it was possible that where patients or their friends mixed the solution they did not do it properly, and so some of the acid may not have been dissolved at all, and may thus have come in contact with the skin in an undiluted state. In all the cases referred to, the part affected was either a finger or a toe, and there had been a watery solution of carbolic acid applied continuously for from three hours to five days. There was always great difficulty experienced in getting the wounds left by the necrotic action of the acid to heal. Dr. Kortium quotes from Dr. Neill's paper in the *Edinburgh Medical Journal* for 1886, showing the action of carbolic acid on the sensory nerves. He points out that Dr. Neill recommended glycerine solutions, finding that glycerine tended to prevent the ill effects of carbolic acid; also that all his experiments were made on the trunk or on parts of the body much larger than fingers and toes. In the case of these latter organs, Dr. Kortium suggests that, when surrounded by lint soaked in a watery solution of carbolic acid, the latter owing to its great power of penetration, enters into the finger or toe from all sides at once, and therefore is able to act very energetically on the nerves. Every surgeon is acquainted with the action of carbolic lotions on the sensory nerves—irritant at first and subsequently benumbing. If a similar effect is produced on the vaso-motor and trophic nerves, it is not difficult to understand that continuous action may cause a stoppage of the circulation, and thus set up necrosis or gangrene to a greater or less extent. Again, it is possible that the carbolic acid acts also in virtue of its capacity of coagulating albumen. Of course these evil effects of carbolised applications are only occasionally ob-

served. This is probably due to the fact that some persons have a peculiar idiosyncrasy for this drug. It is remarkable that almost all the cases which have come under Dr. Kortium's notice have occurred in females. The conclusion he arrives at is that, when dealing with wounds of fingers and toes, watery applications of carbolic acid are best avoided. This, of course, does not apply to lotions used for syringing or washing the wound, but only to applications that are to remain for some hours or days. For this purpose creolin or corrosive sublimate lotions are to be preferred.—*Lancet*.

THE PATHOGENESIS OF SYMPATHETIC OPHTHALMIA.—Dr. Randolph, of Baltimore (*Archives of Ophthalmology*, vol. xvii 2), has made a number of careful experiments on the same lines as those which led Deutschmann some time ago to pronounce so strongly in favor of the view, entertained by Snellen and others, that sympathetic inflammation as it is met with clinically is the result of inoculation of the second eye with micro-organisms which find their way directly from one eye to the other along the optic nerves. Dr. Randolph, although his experiments seem to have been conducted with great care, and have been sufficiently numerous to enable him to form a trustworthy opinion, has been unable to confirm any of Deutschmann's assertions. Both in dogs and in rabbits, the latter alone having been made use of by Deutschmann, nothing which could in any way be looked upon as of the nature of sympathetic inflammation followed the inoculation of the first eye with some drops of a suspension of the staphylococcus aureus in sterilized water. Dr. Randolph also failed to find micrococci in human eyes enucleated after perforating injuries.

These results, therefore, reopen the question as to whether or not it is possible to produce anything experimentally which corresponds to sympathetic ophthalmitis in man. The experimental evidence then of the microbiotic origin of sympathetic ophthalmitis has still to be confirmed. All the clinical facts connected with that curious affection are,



however, very much in favor of the migration hypothesis, which may, indeed, be said to afford a very excellent and welcome guide so far, with respect to treatment. Dr. Randolph seems to be fully alive to this, and deserves credit for not having lost sight of the clinical indications, notwithstanding the entirely negative result arrived at from his careful and interesting experimental researches.—*American Jour. of the Med. Sciences for February, 1889.*

**MALE STERILITY AND GYNÆCOLOGY.**—Dr. Fürbringer, of Berlin, has written some important observations on this subject in the *Deutsche Med. Wochenschrift*, No. 28, 1888. He believes that sterility in the male is far more frequently the cause of barren marriages than is believed to be the case. Aspermatismus is associated with complete impotence, but azoospermia, or absence of spermatozoa in the semen, a condition by no means rare, may exist with perfect potency, and on that account is very easily overlooked. With few exceptions, azoospermia is caused by obliteration of part of the seminal ducts. This condition is generally caused by double gonorrhœal epididymitis, or inflammation of the vas. After that malady, the chances are, Dr. Fürbringer has calculated, nine to one that azoospermia will follow. Prognosis appears to be hopeless when the condition in question is not discovered till three or four months after the onset of the local inflammation. The chief importance of the management of the case lies in accurate diagnosis. True aspermatism is traced by Dr. Fürbringer to arrested development of the ejaculatory ducts. He declares that in several cases of sterile marriages under his own observation the unfortunate wife had been sent from physician to physician, or from hospital to hospital, and her cervix divided or her endometrium scraped, until a glance at the microscope proved that nothing was wanting to ensure the blessing of children, excepting spermatozoa. Dr. Fürbringer's observations are worthy of consideration.

No doubt the increase of temperance involves the relatively greater frequency of those forms of gonorrhœa where the earlier symptoms are very mild. Hence the first stages may now be as much neglected by patients as they have ever been wont to neglect later stages. The more a case of gonorrhœa is neglected, the greater will be the chance of serious secondary complications.—*Brit. Med. Jour.*

#### COMMUNICATION OF TUBERCULOSIS.—

An instructive case of communicated tuberculosis is related by Dr. E. von Duhring, who states that a girl aged 14, sprung from a family uncontaminated with phthisis, was in friendly relations with a young friend who died of consumption. At the time when this girl died, the patient, E. Z., was in good health. Shortly after the death of the friend she removed the earrings which the other had worn from the ears and fastened them in her own. The mother stated that the girl who had died had no wound in her ear, but E. Z. herself, on the contrary, states that her friend had frequently blood and matter on her ear. The patient, E. Z. herself, had up to that time never worn earrings, although the ears had been bored for the purpose. Shortly after she began to wear the earrings, the holes through which they were fastened began to secrete freely, notwithstanding which she continued to wear them, and she had continued to wear them up to the time when Dr. Duhring saw her. It was on account of the condition of her ears that she was brought to him. He found her pale, somewhat thin, but well built and well developed for her age. Where the left ear had been pierced there was a shallow ulcer with undermined borders, and on the left side of the neck there was a slightly enlarged gland adherent to the skin, which was ulcerated on the surface and covered with a dirty scab. On removing the scab a somewhat abundant thin secretion escaped. The borders of this ulcer were irregularly dentated. On examining the lungs, there was dulness detected in the

left apex. Granulations removed with a sharp spoon from the wound in the ear showed the presence of tubercle bacilli. The further progress of the case was rapid, and at the time Dr. Duhring wrote his paper the patient was rapidly sinking from phthisis.—*Brit. Med. Journal*.

A RARE CAUSE OF DILATATION OF THE STOMACH.—Dr. Otto Pertik, of Buda-Pesth, describes and figures (*Virch Arch.* cxiv., 3) a singular abnormality, causing obstruction to the onward passage of the contents of the stomach, and leading thereby to great dilatation of the viscus. The defect consisted in a curious pouch of mucous membrane, shaped like the finger of a glove, about eight centimetres in length and three centimetres wide, which projected into the duodenum, with the upper part of which the posterior wall of the pouch was continuous. The first part of the duodenum was much dilated, and its mucous membrane quite smooth, passing continuously into the mucous membrane which formed the internal as well as the external coat of the abnormal pouch. The mouth of the pouch thus looked upwards, and anteriorly it had a free lip or margin, close to which the common bile duct opened, suggesting the possibility of the formation of the pouch in an abnormality of the fold of mucous membrane that occurs at the orifice of the duct. But there was no evidence of gall-stone or any other cause which could have produced it. The probability is that the pouch was formed from one of the valvulæ conniventes, although the precise mechanism of its production is obscure. The entire absence of the folds from the dilated duodenum above the pouch may doubtless be ascribed to the distension which this portion of the gut underwent in common with the stomach. In introducing the subject, Dr. Pertik makes some general remarks upon the etiology of gastric dilatation. Exclusive of congenital strictures of the pylorus, etc., he points out that the diminished power of the stomach to expel its con-

tents may be brought about by: 1. Obstruction at the outlet—as from cicatricial or malignant strictures, hypertrophy of the muscularis or mucosa at the pylorus, polypi or tumours in the pyloric region, or external pressure on this part by tumours in the vicinity. 2. An actual loss of muscular power in the stomach, without any obstruction—as following on chronic catarrh, extensive ulceration, carcinomatous infiltration, peritonitic adhesions; and general conditions leading to loss of tone—as anæmia, typhoid fever, phthisis, etc. 3. An excessive amount of contents, as has been observed in the polyphagous, diabetics, and vegetarians; so that the pyloric orifice becomes relatively too small for the ready passage of the bulky gastric contents. The curious case related above falls, of course, under the first head, but obstruction was in the duodenum, and not at the pylorus.—*Lancet*.

PURE CHLOROFORM.—M. Marty, in the *Arch de Médecine et de Pharmacie Milit*, says the best way to keep chloroform (generally considered pure) free from every change, or as pure as possible, is to keep it in bottles of yellow glass, with smooth necks, clean and dry, and holding about 500 cc. or not more than one litre at the most, and to add to the pure chloroform the *one-thousandth part of its weight* of pure alcohol. Light and air exercise a decomposing action on the purest chloroform.—*Progrès Médical*.

THE TREATMENT OF LARYNGEAL PHTHISIS WITH CALCIUM PHOSPHATE.—In a critical discussion and experimentation of Kalischer, Froschaner, Schnitzler, Rethi, and Moses, Masucci does not think that calcium phosphate, or iodoform, can supplant the use of lactic acid.—The treatment after Heryng is considered up to the present time the best. *Journal of the Respiratory Organs*.

Dr. Frank P. Foster. Editor of *The New York Medical Journal*, is convalescing from his recent severe and critical illness,



### Medical Items.

Dr. H. Fremey, has been sent by the French government to Colorado to study its climate.

Dr. Leopold Wittelschöfer died immediately after giving up the post of editor of the *Wiener Medizinischer Wochenschrift*.

At the last meeting of the Medical Society of the County of New York held Monday, January 27th, Dr. Henry Dwight Chapin read a paper entitled "Septic Poisoning in Early Life."

The Annual Address of the Bellevue Hospital Alumni Association will be delivered this year by Professor William Osler, of Johns Hopkins University.

The Surgeon-General of the Army, in his report to the Secretary of War, recommends that authority be granted by Congress for the publication of a Catalogue of the Army Medical Museum.

An International Congress of Physiology will be held at Basle on September 10th, 1889. The Congress, the idea of which originated with the English Physiological Society, will also embrace the subjects of anatomy, histology, physics, chemistry, experimental pathology, and pharmacology.

Mr. John Bright, whose illness has been so earnestly watched and widely heralded, is in fact suffering from Bright's disease, complicated with diabetes. He is being attended by a homœopathic physician, who, with the help of good nursing, is steering him along between the Scylla of glycosuria and the Charybdis of albuminuria.

The next meeting of the Electro-Therapeutic Society of Baltimore will be held on Monday, February 4th, 1889, at 8 P. M.

Dr. S. T. Earle will read a paper on "The Treatment of Fistula in Ano by Electrolysis."

Dr. T. A. Ashby will report his experience with the use of The Constant Current in the Treatment of Cervical Stenosis.

The Boston Medical Library Association gave, on Tuesday evening, January 29th, a reception to Dr. Oliver Wendell Holmes, its president from 1875 to 1888, when his medical library was formally presented to the Association and accepted. Remarks were made by Dr. Holmes, Drs. D. W. Cheever, President of the Massachusetts Medical Society, J. R. Chadwick, Clarence J. Blake, and others.

The Lady Managers of the Presbyterian Charity Eye, Ear and Throat Hospital gave a very pleasant reception at the Hospital building, 1007 E. Baltimore Street, last Tuesday evening from eight to ten P. M. The reception was given to the Board of Governors, the Clergymen of the city and Staff of Physicians, and was well attended by all, who had ample opportunity to see the scope

of this great charity. Among those present from the profession were Drs. J. J. Chisolm, J. E. Michael, H. Harlan, H. Woods, R. L. Randolph, J. F. Perkins, Funk, E. H. Kuykendall, G. A. Fleming, W. B. Canfield, John Dickson, J. T. Smith and others.

An informal supper was held last Tuesday night at Tierney's on North Calvert Street, by several of the younger of the members profession of this city. Among those present were Drs. W. J. Jones, L. E. Neale, C. O'Donovan, Jr., J. W. Hocking, F. J. Flannery, C. Johnston, Jr., H. Woods, R. B. Warfield, C. W. Mitchell, J. C. Hemmeter, W. B. Canfield, W. E. Ramsey, J. S. Poole and A. C. Harrison.

According to the *Progrès Médical*, Metzger the famous *Massenr* of Holland puts himself out for no one. The Empress of Austria, the princes and princesses who have undergone his treatment, have been obliged to come to him. The Pope is the only person in whom he has made an exception by visiting at Rome. His charges are the same to all. He sees no one at his house, but his patients who come from all corners of the World meet twice a day at the hotel Amstel, which owes its success to Metzger, and in turn spend several minutes with the doctor, who submits them to partial massage as they need it. This specialist as a boy was a butcher and his observations on the lower animals and their muscles led him to this specialty. He studied medicine and received the degree of M. D.

London maintains its position as the most healthful of the large capitals of the world. The health-rate of that city in 1888 was 18.5 per thousand, the lowest that it has yet recorded. The *Lancet* of January 5th points out, at the same time, a possibility that the official estimate of the city's population may be too high, since it is eight years ago that the last census was taken; the estimate for the middle of 1888 being placed at 4,282,921. The birth-rate, 30.7 per thousand, is also the lowest hitherto registered. Zymotic deaths were as a rule, lower than in recent years; the only exception being those by diphtheria, which were never higher than in 1888. Diarrhoeal causes had an unprecedentedly low rate, owing to the cold and wet summer season of last year.—*Med. News*.

The *Lancet* announces that it has founded "The *Lancet* Medical Fund," the object of which is to afford immediate pecuniary assistance in emergencies to medical men, or, in case of the death of a medical man, to his widow or orphans or dependent relatives. The Almoners of the Fund are to be the President of the Royal College of Physicians, the President of the Royal College of Surgeons, the President of the General Medical Council, and the two proprietors of *The Lancet*. The latter will generously place at the disposal of the Almoners a sum of at least \$1500 a year, which will be administered free of cost, and they do this to express their sense of the generous support which the profession has accorded to *The Lancet* during the sixty-six years of its publication.—*Med. News*.

Original Articles.

ON CORPULENCE, ESPECIALLY  
ITS TREATMENT BY A PURE  
MILK DIET.

BY GEORGE H. ROHÉ, M. D.

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of Physicians and Surgeons, Baltimore.

The later physiological researches upon nutrition show that fat-tissue in the body is derived from three sources; (a) fats, (b) proteids, and (c) carbo-hydrates.

Fat consumed with the food is probably the principal source of fat-tissue.

The next most prominent source of fat-tissue is proteid food-material.

Carbo-hydrates are converted into fat to a limited extent, but are principally useful as oxidizing and conserving foods.

The normal balance between proteid income and expenditure cannot be maintained on proteid food alone. Fat and carbo-hydrates are required to prevent proteid waste.

Time and space are lacking, to give in this place the evidence in detail upon which these statements are based; but the experiments of Lebedeff, Munk, Sal-kowski, and Rubner seem to have placed them on a secure foundation.\*

Voit, as the result of numerous exact experiments on individuals, and the examination of dietaries of soldiers, workingmen and prisoners, estimated the standard diet of an average sized man at moderate work at 118 grammes proteids, 50 grammes fat and 500 grammes carbo-hydrates. At perfect rest these quantities would prove excessive, and the individual would accumulate fat. At hard labor fat would be consumed in excess, and the equilibrium between income and expenditure of non-nitrogens materials not being maintained, the individual would lose weight.

There is no exact physiological standard of weight for a man or woman. The tables of average size and weight which have been constructed by physiologists and anthropologists are merely

the mean measurements of a large number of observations, and are consequently subject to the errors of such calculations.

We all know pretty well, however, what we mean when we say that such or such a person is too stout. We have in mind principally the unæsthetic effect produced by a disproportion between an individual's height and his girth. An excessive accumulation of fat destroys the symmetry of a finely-proportioned figure.

This æsthetic standard is, however, largely an arbitrary one. Our Western civilization abhors excessive corpulence, as being in a sense a deformity, while to the Oriental mind obesity is a mark of beauty. In an African tribe only fat individuals may become chieftains, and in another corpulence is regarded as something god-like. Among certain uncivilized tribes the girls are fed upon fat-forming food, in order to produce the proper degree of obesity by the time they arrive at womanhood.

Aside from the undesirability of excessive corpulence in an æsthetic point of view, this condition must be looked upon as a morbid and unnatural one. Just as the enforced dietary of a Strasburg goose results in a diseased liver—albeit the latter is regarded as a great delicacy—so the individual whose accumulation of fatty tissue becomes excessive is liable to certain diseases of the internal organs which will be presently mentioned more particularly.

If we vary slightly a famous aphorism of Shakespeare, we may say with truth that some are born to fatness, others acquire fatness, and others still have fatness thrust upon them. It is well known that some families have a hereditary tendency to "the accumulation of flesh," as it is called, really meaning an accumulation of fat, for the flesh (muscle) may be much below the standard. These are born to fatness; their extra allowance of adipose is a family trait. In these cases it is often very difficult to control the fat production. They grow corpulent in spite of all measures to limit their size.

\*See an article on "The Guiding Principles of Treatment in Excessive Corpulence" by the present writer in *Philadelphia Medical Times*, Sep., 3 and 17, 1887.



Acquired corpulence is due in the majority of cases to an unphysiological mode of life. Those persons who begin to increase in rotundity about middle age eat and sleep too much and take too little exercise. They have perhaps been compelled to work hard in early life when the necessity of keeping up their strength compelled them to eat large quantities of energy-producing foods—fat, sugar, starch, etc. In their life of indolence they keep up the habit of eating largely of carbonaceous foods, which no longer being used up by the activity of the muscles, are deposited in the body as fat. If these persons can be induced to adopt more rational habits of life the extra fat can generally be gotten rid of.\*

Young children and invalids who do not suffer from digestive or wasting disorders often have fatness thrust upon them. The large quantities of starchy and saccharine food supplied to them, as well as the enforced non-use of the muscles in adults confined to bed, are not rarely responsible for excessive accumulation of fat.

It is well known to those who have paid especial attention to the feeding of infants, that the prepared "infants-foods" namely those that contain in addition to the basis of cow's milk, saccharine and farinaceous materials in excess, are particularly liable to produce fat accumulation.

Sooner or later, in nearly all cases, excessive corpulence gives rise to certain inconveniences or discomforts and more or less grave dangers which justify the characterization of corpulence as a disease.

Among these discomforts the earliest manifested are usually disinclination or lack of ability for active exertion, shortness of breath, palpitation of the heart, excessive perspiration, chafing and irritation or inflammation of the skin. The palpitation of the heart may be due to dyspepsia or may be a symptom of organic change in the organ. The shortness of breath is usually due to interfer-

ence with the motions of the diaphragm by the fat accumulated in the abdominal cavity.

The more dangerous conditions dependent upon, or associated with corpulence are: fatty accumulation around the heart interfering with its free action, fatty degeneration of the heart muscle, angina pectoris, chronic endarteritis and its consequences, arterio sclerosis and apoplexies which not infrequently result in death. There is often fatty infiltration or degeneration of the voluntary muscles and of the glandular organs, such as the liver and pancreas. The tendency to the development of diabetes and to the eruption of boils and carbuncles is well known. Meckel and Wunderlich have noticed a predisposition to cancerous diseases in the corpulent, although Kisch has denied that such a predisposition exists. My own observation leads me to the opinion, although I have no statistics to present in its support, that sarcoma is much more frequent in corpulent persons than carcinoma.

Corpulent persons bear febrile diseases badly. This was already pointed out by Celsus: "Obesi plerumque acutis morbis, et difficultate spirandi strangulantur;"\* and Hippocrates probably intended to record a similar observation when he says: "Persons who are naturally very fat are apt to die earlier than those who are slender."†

The danger to corpulent persons in acute febrile diseases may be ascribed in great measure to the difficulty of keeping down the temperature in such individuals. The thick fat-cushion interferes with loss of heat by the surface. Active antipyretic measures are urgently called for in corpulent fever patients.

Various methods of reducing excessive accumulation of fat are in use in medical practice. They are nearly all based upon the principles first laid down by Brillat-Savarin in his "Physiologie du Goût," and comprise regulation of the diet and physical exercise. Inasmuch, as has already been stated, active exertion causes a more active consump-

\*I desire to call attention here to a valuable practical article on "The Irritable and the Depressed Heart" by my friend Dr. Henry Salzer, in the *Philadelphia Medical Times*, March 19th, and April 2d, 1887, in which the evil consequences of such indulgences are plainly pointed out.

\*De Re Medicina, Lib. II. Cap. I.

†Aph. Sec. II. 44.

tion of body-fat, hard work would seem the best mode of getting rid of the accumulated fat; and such is really the case. Walking, horse-back or bicycle riding, rowing, ball-playing, tennis, the statesman-like diversion of wood-chopping, or the more humble exercise of wood-sawing are all excellent means of burning up stored fat, or fat-forming food. In addition to the increased time devoted to exercise, less sleep should be indulged in. The afternoon nap must be discontinued and languid and lazy habits give place to active and brisk movement.

All writers upon corpulence, rightly devote much attention to the dietary of individuals who are subjects of excessive fat-accumulation. Banting, Vogel, Cantani, Ebstein, Oertel, Kisch, Sée and others all advise greater or less restriction in diet. The Banting, Vogel and Cantani methods greatly restrict the fats and carbo-hydrates, while largely increasing the proteids over the quantity normally required. Ebstein diminishes the proteids slightly, the carbo-hydrates to an extreme degree and increases the fats, while Oertel makes the strongest point in his method the reduction of liquids consumed.

All of these methods are undoubtedly effectual, but their consistent application is often difficult or impracticable. Here, as in other things, "*est modus in rebus*," and if an easier way is practicable it should be adopted. This easier way is, I think, found in the use of an exclusive milk diet in the treatment of this condition.

Pure unskimmed cow's milk contains the different food-stuffs essential for perfect nutrition in nearly the proportion required. In carbo-hydrates it is deficient, and for this reason is especially applicable to a dietary in which easily oxidizable or carbonaceous foods should be below the normal. The composition of milk is tolerably regular, it is easily digested and generally well assimilated and the quantity necessary for the nutrition of an individual is easily calculated. In order to keep the nutrition of an individual at the normal standard upon milk diet, a very large quantity would be required, i. e. nearly three

quarts of milk to supply the requisite proteids, while nearly four quarts would be necessary to supply the requisite proportion of carbo-hydrates and fats. Such large quantities could not be taken without repugnance and would probably soon overwhelm the digestive and assimilative powers of the organism.

As it is desirable however, in the dietary of corpulence to reduce the carbo-hydrates especially, and as a moderate reduction of proteids is also of advantage, it is evident that a milk diet, if practicable would be the most desirable method of treating this condition.

The advocates of the milk diet in various diseases, as Karell, Pécholier, Doukin and others state that from three to four pints of milk can be taken and assimilated daily. This quantity would not be sufficient to supply the proteid or carbo-hydrate expenditure of the body even at rest and hence persons of average weight and in health should theoretically lose weight on a sole diet of cow's milk. Certain observations placed on record by Dr. Weir Mitchell,\* and F. A. Hoffman,† show that loss of weight is one of the characteristic manifestations of a pure milk diet. Practical observation then agrees with physiological expectation.

These physiological and clinical observations are supported by therapeutic experiences, although the number of the latter is still but limited. Most writers on the advantages of a milk diet in disease, however, refer to its great usefulness in fatty degeneration of the heart, a morbid condition not rarely present in obesity. In diabetes, Bright's disease, and other degenerative changes of the organs the same dietetic treatment is believed to be of advantage.

With reference to the favorable effect of a pure milk diet in the reduction of excessive corpulence, I have only two observations to register, but these are such striking examples that they will probably suffice to show the value of this method, especially if the more rational one of active exercise cannot, for various reasons be enforced.

\**Phil. Med. Times*, 1870.

†*Zeitschr. f. Klin. Med.* Bd. 7, Quoted by Munk in *Die Ernährung des Ges. u. Krank. Menschen*, 1887, p. 125.



Several years ago, while on a visit to an esteemed medical friend in the West, I was informed by the wife of my host, a charming woman, but whose embonpoint had encroached somewhat upon a graceful figure, that she could at any time reduce her weight by restricting herself to a milk diet; in fact, that the loss of weight under this diet was nearly one pound per day. Surprised by this statement I began to think over the matter and soon found the explanation in the physiological facts given above. Recently I had an opportunity of watching the effects of the method in a patient under my observation, and the result entirely confirmed my expectations. The patient was a lady, who since her marriage, four years ago, had been growing steadily more corpulent. She occasionally suffered from symptoms of nervous depression and had several mild hysterical attacks. She suffered from amenorrhœa, and had never been pregnant. I frequently warned her against the consequences of an excessive accumulation of fat, urging her to take active exercise in the form of walking, to restrict her diet, especially the carbo-hydrates, and to take frequent cold baths. My predictions of possible evil, and suggestions for averting the same were received with equanimity and—things went on as usual.

Finally, last October the long indulgence eventuated in a particularly obstinate attack of dyspepsia with troublesome nervous symptoms. The measures usually successful in my hands in such cases; alkalies, nux vomica, quinine, calomel, phosphate of soda, pepsine and coca were all tried without avail. Restriction and regulation of diet, if the directions I gave were followed, seemed to have no good effect. I then resolved to restrict the patient to an exclusive diet of unskimmed milk. Up to this time she had lost no weight; in fact, she seemed to gain under the enforced rest.

Being promised sure relief from her dyspeptic symptoms she agreed to carry out faithfully the milk diet which I prescribed to the exclusion of all medicine.

From the first day this was adopted the dyspeptic symptoms began to im-

prove. For two weeks nothing but milk was taken by the patient. By that time the dyspepsia had disappeared, the nervous symptoms had subsided, and the corpulent condition of the body had been much modified. The loss in weight amounted to at least eighteen pounds. About the time the milk diet was modified an attack of constipation which required an active purgative to overcome, brought on a nervous attack, which I feared would prove an unfavorable complication. She soon recovered, however, and is now entirely restored.

In leaving the exclusive milk diet, I allowed the patient to return only gradually to her regular fare. At first a few crackers and raw oysters were allowed, then stewed oysters, then beef *à la mode*, and finally the usual allowance found on the family table. She rapidly gained strength, and began to regain the lost weight, but urgent representations of the danger of unrestrained accumulation of fat, have induced her to take more active exercise, and her muscles are becoming harder, and the heart beat stronger. In spite of a plumpness a little too pronounced to be called graceful, she now presents an appearance of health which is not only gratifying to her friends and herself, but, paradoxical as it may sound, to her medical adviser also.

The best method of giving the milk diet is to begin with frequent small doses. A wine-glassful every two hours may in a few days be increased to three four or six ounces at the same intervals, or larger doses at longer periods.

It is necessary to guard against the constipation liable to follow the milk diet. Small doses of calomel ( $\frac{1}{8}$  grain every 2 hours) for 6 to 8 doses, or a glass of some purgative water like Friedrichshall or Hunyadi-Janos will prevent any unpleasant consequences from this tendency. The addition of phosphate of soda to the milk in 5 to 10 grain doses will also counteract the tendency to constipation, while making the milk itself more palatable. The milk may also be mixed with Selters or other carbonated water to make it more agreeable to the taste.

While I am firmly convinced that the

only true physiological way of reducing excessive fat is to burn it up by active exercise, I fully recognize the impracticability or inexpediency of enforcing this rational regimen in some cases. In such, no more satisfactory method of treating this often annoying condition is available than a pure milk diet, which I earnestly commend to your attention.

### UTERINE ADENÓ-SARCOMA WITH PYOMETRA.\*

BY T. W. KAY, M.D., OF BALTIMORE.

The coexistence of adeno-sarcoma and pyometra in the same uterus is so rare that I am induced to bring the following case to your notice.

Pyometra, of itself is not common, as may be seen from the small space devoted to it in books on gynecology. Out of some sixteen consulted, I find it mentioned in only two—viz., Billroth and Fritsch.

It usually occurs in old people where atresia of the os exists and is due to a retention of the secretions. In this case it was due to closure of the internal os by the suppurating growth.

Adenomata of the cervix are quite common in the form of small polypi composed of retention cysts with hypertrophied walls. In this form they also exist in the uterine cavity, where a much rarer form is sometimes found. This has a broad base, and is not composed simply of hypertrophied glands but contains new glandular formation. These growths are diffuse, rich in blood-vessels, and, according to Winckel (*Lehrbuch der Frauenkrankheiten*, p. 385) infiltrated with round sarcomatous cells. Cases of this kind have been reported by Duncan, Gusserow, Schröder, Thomas and others.

The growth in the following case probably began as this and afterward became sarcomatous. May tells us (*Diseases of Women*, p. 221) that uterine adenomata are frequently admixed with sarcoma in the form of adeno-sarcoma. Billroth remarks that "pure adenomata (which are very rare) may be difficult to

distinguish from sarcomata which have developed in glands (adeno-sarcomata)." —*Surgical Pathology*, p. 223. Thomas (*Diseases of Women*, p. 571) reports a case which seems to have been the same kind of growth as in the following. It was examined by Dr. W. H. Welch and pronounced to be a mixture of sarcoma and adenoma.

CASE:—Latufy, a multipara, 52 years of age, was sent me by Dr. Yusuf Abu-Suleiman, of Sahley, to enter the Johanner Hospital of Beyrout, Syria. She complained of an offensive discharge at times from the vagina, accompanied by colicky pains. The menstrual flow ceased ten years before and since that time she had suffered, more or less, from leucorrhœa. The offensive discharge was of eight months' duration and the pain had lasted nearly as long. Emaciation was great and cachexia was marked.

Bimanual examination showed the uterus much enlarged and extending well up into the abdominal cavity. The external os would admit the end of the little finger with difficulty, and a soft, friable mass could be felt in the cervical canal. The uterine probe was introduced with difficulty in front of this and gave a depth of eight inches.

Assisted by Dr. J. Mutter, the woman was put in the left lateral position, a speculum introduced, and the anterior lip seized with vulsellum forceps and well drawn down.

The cervical canal was now rapidly dilated with steel urethral sounds until the index finger could be introduced. While this was being done, a constant flow of most offensive pus took place until some eighteen to twenty ounces of pus had been evacuated.

On introducing the index finger, the growth was found to cover much of the posterior wall and it was attached nearly down to the internal os. Its base was broad and its surface, irregular, soft and sloughing.

A large part of this was removed by the blunt curette, the uterine cavity washed out with bichloride solution and the woman put to bed. Antiseptic injections were used daily and iron and ergot given internally. All went well

\*Read before the Baltimore Medical Association, December 17, 1888.



and in eight days, I again dilated the uterine cavity and, with a sharp spoon, removed all roughened elevations from the posterior walls. There was free hemorrhage but this was controlled by the application of liq. ferri subsulph.

Dr. W. T. Van Dyck kindly examined the growth microscopically for me and pronounced it an adeno-sarcoma.

In three weeks the discharge had entirely ceased and the uterine cavity was reduced to three and one half inches, so the woman was permitted to go home, with the prognosis of a probable return of the growth.

### QUALITATIVE TESTS AND QUANTITATIVE ESTIMATION OF SUGAR IN DIABETIC URINE.

BY ARTHUR D. MANSFIELD,

OF BALTIMORE,

Student at the University of Maryland.

I am well aware that when I take up such a subject for discussion as urinary analysis, I am coping with a wide subject, and a subject not to be treated in an article such as I propose to submit to the readers of the MARYLAND MEDICAL JOURNAL in one number.

There is hardly any disease to which the human body is subject but that the effects of that disease are made manifest in the functional working of the kidneys; at least a vast majority of diseases have their influence upon the quantity or the quality of the urine. Therefore, it seems to me that urinary analysis is a subject of vast importance; and very often analysis of this excretion of our bodies is the key note to the disease which is to be treated, and without a proper examination of the same we would only be groping in the dark, and our diagnosis would accordingly be hazy and uncertain, and in consequence, our treatment would follow in the same uncertain and unsatisfactory way. I do not think for one moment that any one would underestimate the value of urinary analysis in such troubles as diabetes mellitus, or in

albuminuria, or in pneumonia (croupous); and in many of those affections which have directly to do with the urine itself.

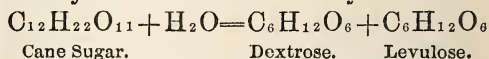
Not only, to my mind, does the importance of a proper knowledge of the composition of urine in abnormal conditions end here, but very often in administering some potent drug, but by watching the urine we can very often tell how far we should go in administering that drug, or if we should discontinue its use immediately. Hence, it seems to me that a correct knowledge of urinary analysis is indispensable to the general practitioner.

Perhaps the most important phase of urinary analysis, *i. e.* from a practical point of view, is the detection of the presence of albumen. But then every one is aware that heating and then adding nitric acid is a very conclusive and certain test for albumen.

Next in importance and far less frequent in occurrence, is the presence of sugar in the urine; in this case we have no definite test that can be added to urine and then say whether sugar is or is not present. In the case of albumen, heat and nitric acid are conclusive when used conjointly, and are all, perhaps, that is necessary to the general practitioner.

I shall, therefore, confine my remarks to detection and estimation of sugar when present in the urine. There are many other lines of investigation in urinary analysis, *e. g.* the detection of pus, blood, mucus, uric acid, phosphates, and the estimation of the amount of urea is very interesting; but, as I say, I shall confine my remarks entirely to the detection and estimation of sugar.

If my readers will allow me to digress for a moment, we will consider the sugar as found in the urine; it is not the ordinary cane sugar, but a sugar that is very closely allied to it in this way:



Cane Sugar.

Dextrose.

Levulose.

This action takes place under the action of some ferments or boiling with mineral acids. Dextrose and levulose are formed identical in composition, but differing in the physical property of

turning the plane of polarization in different directions. Dextrose turns it to the right and levulose turns it to the left, as the names imply.

Dextrose or glucose is the sugar found in the urine in abnormal conditions. Dextrose is found in all fruits, and especially in the grape, so much so that it has received the name of grape sugar. This glucose is very well known in the field of commerce, and is made extensively both in this country and in Germany. In this country glucose is made from the corn starch by the action of sulphuric acid, and in Germany from the potato starch by the same process.

This form of sugar which is found in the urine to the extent of eight or ten per cent. in diabetes mellitus, is widely distributed in the vegetable kingdom, mostly in fruits, and is also found in honey, together with cane sugar. Those substances which enter mainly into the composition of our food are, first water, then albuminoids, carbohydrates, hydrocarbons, salts and oxygen. The carbohydrates and hydrocarbons having great affinity for oxygen are converted into water and carbon dioxide, the albuminoids into the crystalloid substance urea, and the water and salts and other proximate principles being very dialysable and not prone to be changed, are secreted as such. Thus we see that the urine should contain none of these organic constituents which we take for our maintenance, nor any of their derivatives, such as peptone, albumen, glucose or paraglobulin, etc.

Now if any of these organic substances, or their derivatives, do occur in the urine, an abnormal condition does certainly exist, and I propose in the remainder of this article to devote my attention to the detection and examination of glucose when present in the urine.

If the normal quantity of urine be secreted per diem and a high specific gravity be observed our suspicion will be aroused as to the presence of sugar. Of course, if the urine be scanty and high-colored and of high specific gravity, then in all probability it means diminished watery element and increased relative amount of solid matter. If the specific

gravity exceed 1030, with the normal amount excreted per day, we may then proceed to test for the presence of sugar. This is a negative means, for if sugar be absent, in all probability the specific gravity will be normal (1020 or 1025). Before testing for sugar, all the mucus, urates and albumen (if present) should be removed. The mucus and urates can be sufficiently removed by filtering, and the albumen by boiling with acetic acid, and if the urine be very highly colored the addition of a small quantity of acetate of lead (one part of acetate to eight of water) will clear the urine.

Having removed all obstacles to the detection of sugar we are now ready to proceed.

The first and most reliable means of testing for sugar is that introduced by Fehling or Trommer. This test consists in the reduction of the copper sulphate to the cupric oxide by means of the sugar, if it be present, in the presence of an alkaline medium. Fehling's solution has the following composition:

Pure Crystallized Copper Sulphate,	34.64 gms.
[Dissolved in sufficient pure water.]	
Potassa Sodium Tartrate, . . . . .	200 gms.
Caustic Soda [Sp. G. 1.12] . . . . .	600 gms.
Aqua q. s. ad ft. . . . .	1 litre.

This solution should be kept in a cool place, in a well-stopped bottle until ready for use. A small quantity of urine should be added to a larger quantity of the Fehling's solution and then boiled, and if sugar be present a reddish brown precipitate will be thrown down; if no sugar be in the urine, the solution upon boiling will change color from a blue to a greenish yellow. I will make one reservation, however, and it is this, if the urine exceed the test solution in quantity, the phosphates in the urine will cause a white flocculent precipitate. Another precaution is this, that the test solution should always be boiled before using, for very often this solution, when kept for a long time, will undergo such decomposition that when boiled a precipitate will be formed; therefore, always boil the solution, and if no precipitate occur the Fehling's solution may be used, but if a precipitate does occur, it is valueless as a test for



sugar, and a fresh solution must be made. This, perhaps, is the best test known for the detection of sugar in the urine. Others, however, have been suggested, such as the fermentation test and Moore's test.

The fermentation test consists in introducing into a test tube full of urine some yeast and then inverting the test tube and placing it in a larger vessel; if sugar be present carbon dioxide will be evolved and thus rise to the top of the inverted test tube. This test, however, is not to be relied upon too much.

Moore's test consists in heating equal quantities of liquor potassa and urine. The upper portion of the liquid thus mixed should be heated, and according to the amount of sugar present, the heated portion will change color, either red, dark brown or black; by comparison with the lower strata of liquid in the tube the relative color can be determined.

This test is chiefly of value in saying that no sugar is present, and is not of such value that one can say sugar does absolutely exist, or in other words, this is a negative test for sugar. I may as well mention Böttcher's test, which consists in saturating hot urine with sodium carbonate and adding some basic nitrate of bismuth and boiling for a few moments; if sugar be present, metallic bismuth will be deposited first as a gray powder, which will soon turn black. I may as well mention the picric acid test, which I think is hardly to be relied upon, and should never be depended upon as a distinct and separate test for sugar. The indigo carmine test enjoys a better reputation than the picric acid test. However, I think the most reliable tests which are known at the present time are those of Fehling, and also Böttcher's, which enjoys considerable popularity, though not as tried a test as Fehling's copper solution test.\*

#### QUANTITATIVE ESTIMATION.

Sugar can be estimated quantitatively

\*[The phenylhydrazin chloride test of Fischer has been used with some measure of success, but as it involves the use of the microscope as well as a chemical test, it has not been as generally adopted as the more common tests. Ed.]

in two ways: volumetrically, and by means of its property of turning the plane of polarization to the right, since that is the kind of sugar found in the urine, viz.: dextrose.

We have a kind of sugar that will turn the plane of polarized light to the left, but this is never found in the urine, only the right-handed sugar is found. Therefore, we can take advantage of this fact, and by measuring the amount of deflection of polarized light, estimate very accurately the quantity of sugar present in any given solution.

The urine must first be clarified by acetate of lead and then filtered. The clear liquid is then placed in the tube of the saccharimeter, and then the double rotating plate is turned until the liquid presents to the eye the same tint as before the diabetic urine was interposed.

In Soleil's saccharimeter\* 100 parts of the scale represent the amount of displacement through which the quartz compensators must be moved when one litre of liquid contains 225.6 grains of sugar, therefore each division of the scale represents 2.256 grains of sugar. According to this, the estimation of sugar in the urine is an easy matter, computed by multiplying the number of divisions, indicated by the vernier, at which the primitive tint re-appears by 2.256.

Soleil's saccharimeter is based upon the principle of compensation and not upon noting the amplitude of rotation, that is to say, if we are analyzing a substance that turns the plane of polarization to the right, another active substance which turns the plane of polarized light in the opposite direction is used, and when the light is brought back again the amount of compensation is measured and the estimation based upon the amount of rotation of the known substance.

In other means of testing for sugar the amount of deflection is read directly and and the estimation based upon this. Bait, by means of this rotatory property of liquids, first points out the difference between the two sugars which compose cane sugar, viz.: levulose and dextrose,

\*Ganot's Physic, 7th edition, section 639-641.

identical in their chemical composition, and yet differing markedly in this physical property of turning the plane of polarization in opposite directions.

This means is hardly a practical one, though quite an accurate one.

We must now pass on to the means that is generally employed when one wishes to estimate quantitatively the amount of sugar present, for the objections to the polariscope and saccharimeter are various. I refer to the volumetric method.

In this method the Fehling's solution of copper sulphate is used, a solution of known strength. Say that 10 cc. of Fehling's solution will precipitate 0.05 grms. of glucose. In estimating sugar by this method, the urine must be devoid of all albumen, which can be easily removed by boiling with some acetic acid, enough to distinctly acidify the urine.

Now, we take 10 cc. of this urine and adding 90 cc. of distilled water to it, then take a burette and fill it with this diluted urine, the urine in the burette is then allowed to flow out until it reach some mark on the scale which is noted before we begin the estimation. Having noted the height at which the urine stands in the burette, we take 10 cc. of standard Fehling's solution and boil it in a sand bath by means of a Bunsen burner, and when the solution is near the boiling point we drop in from the burette a sufficient quantity of the diluted urine to precipitate all the sugar present by means of the reduction of the copper sulphate.

At various stages in the determination, the Fehling's solution must be held between the eye of the observer and the light, and if the blue color still remains more urine should be added, but if the solution appear slightly yellow, then all the copper has been reduced. This should be repeated more than once to insure the accuracy in the determination. Now filter the solution and remove the suboxide of copper, and with the filtrate in three test tubes, to each of which special tests should be applied; to the first some copper solution should be added, and if a precipitate occur on boiling, we know then that too much

urine has been added, and the determination must be repeated; to the second test tube, hydrochloric acid is added and hydrogen sulphide passed through it; and to the third acetic acid and potassium ferrocyanide is added. If a precipitate occur in either or both of the last two test tubes, we then know that an insufficient quantity of urine has been added, and that a portion of the copper solution remains unreduced, and more urine must be added at another determination. Having, after several determinations, very positively fixed the number of cc. of diluted urine required to reduce 10 cc. of the standard solution of copper, all the required data are given for determining how much sugar is in the urine. We know that it took 0.05 gm. of sugar to reduce the 10 cc. of the copper solution, and furthermore, that we dilute the urine 10 times, therefore, the liquid in the burette only contained 10 per cent of urine. Hence, knowing the number of cc. which were taken from the burette we can calculate the percentage of sugar in the urine.

This volumetric method is the method generally used because it offers the least difficulties and presents less disadvantages than the polariscope and saccharimeter.

### Society Reports.

#### BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD DEC. 17, 1888.

*Dr. T. W. Kay* read a paper entitled

UTERINE ADENO-SARCOMA WITH PYOMETRA.

(See page 285.)

*Dr. T. A. Ashby* said he had never seen a case of pyometra but related a case in which a pus accumulation within the abdominal cavity had found an outlet through the fundus uteri and escaped through the uterus into the vagina. Sarcoma of the uterus, in his experience is very rare. He had met with only one case. Epithelioma of the



cervix was by far the most common type of uterine cancer. He had seen only three cases in which it occurred in women who have not borne children. He agreed with Dr. Emmet that lacerations of the cervix are the most frequent cause of epithelioma of the cervix. The disease is the result of prolonged local irritation and can be remedied if discovered in its primary development. He believes in the local origin of epithelioma of the cervix and advocates operative interference before the disease has extended to neighboring parts.

*Dr. George H. Rohé* had seen one case of sarcoma of the uterus which appeared to develop out of a fibro-myoma. The growth was removed and was found upon microscopic examination to be a sarcoma. After a few months the tumor grew again and shortly attained a large size. It was now enucleated from its base and did not return. The patient made a good recovery. The growth contained sarcomatous elements at its free surface and was a simple fibro-myoma at its base where it was attached to the uterine walls.

Sarcoma appears in the uterus under two clinical forms, one circumscribed in the form of a tumor and the other disseminated over a larger or smaller portion of the lining membrane—in short a sarcomatous degeneration of the mucous membrane. In the latter form, which is generally rapid in its growth, there is usually free hemorrhage. In these cases, extirpation of the uterus would seem to offer the only chance of cure, if the diagnosis is made out sufficiently early.

*Dr. T. A. Ashby* said Dr. Rohé's remarks brought out the very interesting clinical fact of change of type of tumors which sometimes occurs. He referred to a case of uterine fibroid in which he had removed the ovaries and tubes with a hope of limiting the growth of the tumor. He could not now say whether the operation had had the desired effect. The patient was suffering from metro-rhagia and he was using the constant current, introducing the positive pole, with the hope of being able to improve the local condition. He was of the opinion

that the hemorrhage was due to the mechanical influence of the growth with perhaps a granular condition of the endometrium and also to ovarian or tubal influence. In his judgment the patient would ultimately experience the benefit of the oöphorectomy as she was not over thirty-two years of age and would reach an artificial menopause sooner than the physiological. He could not say that electricity had shown any marked benefit.

*Dr. John D. Blake* does not think any good can result while contractions are permanently arrested.

*Dr. H. H. Biedler* asked Dr. Ashby if he had tried curetting before removing the ovaries, and if he found the ovaries diseased. He thinks gynecologists are too prone to take out ovaries. He does not see why sound ovaries should be removed.

*Dr. T. A. Ashby* said there was a local condition giving rise to ascites and it was thought best to remove the ovaries.

*Dr. E. G. Waters* referred to a case, reported by him previously, of a child with a tumor in the right groin. He saw him six weeks ago and the tumor had disappeared. He believes as he then did that it was a threatened abscess which was aborted by appropriate treatment.

*Dr. John D. Blake* related a case occurring at his clinic—a colored man whose right scrotum was enlarged to the size of a child's head, and interfered with movement. It appeared under examination a hydrocele. He used an aspirator expecting to find straw-colored fluid. He tried it in another place. Still no fluid appeared. He tried again, using a larger needle, with the same results. Only a few drops of blood escaped in five aspirations. The man experienced no inconvenience or discomfort from the aspirations. He has not had a chance to make a thorough examination yet but it is certainly not a case of hydrocele, hernia or varicocele. The patient associates it with a fall, astraddle his wagon-pole, seven or eight months ago. The trouble commenced six months ago. The testicle is not enlarged at all.

*Dr. J. T. Smith* said he remembered

such a case which Drs. Johnson and Conrad examined. It looked in every way like a hydrocele. It was translucent in the lower part. On aspiration no fluid came. On castration it was ascertained to be a cancer.

*Dr. E. G. Waters* referred to a similar case of *Dr. Nathan R. Smith's*. Thought perhaps *Dr. Blake's* case might be a spermatocoele.

*Dr. John D. Blake* said he was not inclined to the opinion of *Dr. Waters* that it is a spermatocoele but it may be cancerous.

*Dr. George H. Rohé* had once seen the late *Prof. N. R. Smith* make an error in diagnosis in a case similar to that related by *Dr. Blake*. The patient was a colored man with an enormously enlarged scrotum. "The Emperor" made a diagnosis of hydrocele and plunged in a trocar which drew off only a small portion of fluid. A free incision was then made and a large firm coagulum turned out. The enlargement had evidently been due to a hematoma. He would suggest that the case of *Dr. Blake* presented some symptoms of sarcoma, adenoma or myxoma. In sarcoma of the testicle there are frequently cysts which, upon puncture discharge their contents but without diminishing the size of the growth to any great extent, owing to the firmness of the cyst walls, which prevent their collapse. There is also often free bleeding on puncturing such a growth. The only remedy in such a case is extirpation. A myxomatous growth may occupy the testicle but is exceedingly rare in this organ. Adenoma may also occur. It sometimes is cystic and may then cause considerable difficulty in diagnosis from sarcoma.

*Dr. John D. Blake* said he saw a patient who had a phimosis with a chancroid ulcer under it. The prepuce was very long. In the patient's effort to force back the long prepuce the skin tore at the point of ulceration and the glands protruded. He slit up and trimmed the prepuce and left the patient with a somewhat respectable looking organ.

HENRY B. GWYNN, M.D.,  
Recording and Reporting Secretary,  
1837 W. Lexington Street.

A CHALLENGE.—[The following letter has reference to the first article published in our issue of January 5, 1889, under the heading "Obstetrics and Gynecology in France in 1888." This communication explains itself]:

419 PENN AVENUE,  
PITTSBURG, PA., Jan. 11, 1889. }

E. S. MCKEE, M. D., Cincinnati, O.—

*My Dear Doctor:* In the LANCET-CLINIC of January 5, 1889, I quote from your most entertaining paper, read before the Academy of Medicine, the following language: "To the general practitioner the method of Apostoli offers an efficient substitute for the knife, which they have so generally feared in case of fibroid tumours. \* \* \* The method (Apostoli's) is truly that of specialists, and the condemnation of every bungler who undertakes it and fails should not be heeded. Though one may, with very little knowledge of electricity, effect cures, yet it is advisable to be well posted in electro-therapeutics before undertaking to manage currents of such intensities as are now employed."

No doubt you use this language because you know from personal experience that it is true, and therefore fair. I take it that your unconditional statement is the result of scientific conviction. I will place at your disposal three women, each with a fibroid tumor, sustain them at my own cost in my private hospital, sustain you also, and furnish you with a perfectly complete apparatus and all else you may require, and for every one of these tumors you remove by your "efficient substitute for the knife" I will pay you one thousand dollars. But if you fail, you to pay the expenses of sustaining the women and yourself.

For the removal of the tumor you must name the time required. It must not exceed one year in any case.

Very truly yours,

R. STANSBURY SUTTON;  
—Cincinnati Lancet-Clinic.



## MARYLAND MEDICAL JOURNAL

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WILLIAM B. CANFIELD, A.M., M.D., Editor.

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BALTIMORE, FEBRUARY 9, 1889.

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## Editorial.

**SOMATIC AND CELLULAR DEATH.**—The following extracts are culled from an article by Dr. Leuf on "Resuscitation after Apparent Death" (*Med. News*, Jan. 26, '89): "When a cell or a number of cells die, it is called cellular death; when the body as a whole has ceased to act, it is somatic death. Somatic death is a fact when what Watson has appropriately called the 'Tripod of Life'—i. e., the brain, the heart, the lungs—no longer functionates. At this time cellular death has only partly occurred. In sudden death, especially, cellular life may continue for hours after somatic death."

When 'life' is extinguished by a sudden interruption of the functions of the brain, heart and lungs, without any organic change, there is hope of recovery if proper efforts are made and persevered in. Just as we have so-called functional diseases which are not accompanied by any known or detectable lesions of structure, so also do we have functional somatic death without struc-

tural lesion. In all such cases it should be our duty as physicians to attempt the return of 'life' until there is undoubted evidence of cellular death; for instance, rigor mortis would seem a reliable sign, judging from the present state of our knowledge on the subject, though coming investigation may show that even this is not necessarily a positive death accompaniment. There can be no doubt that a number of deaths annually occur which could be prevented by persistent efforts at resuscitation. It seems to me that there is no more imperative indication for the necessity of persistent efforts at resuscitation than the knowledge or belief that 'death' (in the case which we are called to treat) is due to the cessation of the gross bodily functions without structural lesions. In all such instances efforts to bring back life should continue until there is positive evidence of death in the full sense of the word, and this should be considered proven after the appearance of post mortem lividities and rigor mortis.

Dr. Leuf quotes some interesting cases of resuscitation, and gives some suggestions for treatment.

**PHYSIOLOGICAL HEART MURMURS IN HEALTHY INDIVIDUALS.**—Although the value of every abnormal heart sound should be viewed with suspicion and carefully studied from all aspects, still the enthusiast in auscultation should never lose sight of the fact that the discovery of a murmur particularly if mitral in character, can hardly be of great value if all other abnormal signs and symptoms be absent.

The functional mitral murmurs were observed according to Dr. J. H. McColom (*Boston Medical and Surgical Journal* January 31st, 1889), in men who were in a great state of mental excitement. Every one has doubtless noticed how the pulse rate suddenly increases even in the most phlegmatic when the subject is undergoing a medical examination for life insurance. And every experienced examiner knows that if he wishes to get a correct idea of the pulse and heart, he must engage the applicant in some trivial conversation

and count the pulse when the applicant's attention is diverted. The murmurs were observed in men in perfect health and more often among applicants for life insurance than among the ordinary run of patients seeking advice of their own accord from physicians.

Dr. McCollom observed that the murmur, heard in the healthiest men, disappeared when the pulse fell below seventy; it was not observed in persons of a phlegmatic temperament nor in persons inclined to obesity. Tobacco seemed to have influence in its causation. Of the two hundred men examined, the murmur was heard in twenty-seven or in thirteen and one-half per cent.

### Miscellany.

PRESBYTERIAN, EYE EAR AND THROAT CHARITY HOSPITAL. MONTHLY REPORT FOR JANUARY 1889.—The number of new patients entered for the month 1120, against 760 for the month of January 1888. The daily attendance numbered 2914, an average of 108 patients for each working day of the month. During the month of January 160 operations were performed on the eyes, ears and throats of the patients. The number of patients attracted to this institution makes it one of the largest special hospitals of the United States, and a most valuable clinical school for post graduates who desire to obtain a practical knowledge of eye, ear and throat diseases.

SLIGHT AORTIC INSUFFICIENCY.—Some instructive experiments on artificially induced aortic murmurs were published some months ago by Dr. Timofejew (*Berlin Klin. Woch.*, Nos. 24 and 25, 1888), in which he showed that a very slight aortic insufficiency may exist without producing a diastolic murmur, but that here a distinct accentuation of the second sound can then be heard; he also found that with greater but still slight insufficiency, though a murmur is produced, this can be made to cease by diminution of the blood pressure, either

by venesection or by section of the spinal cord. These experimental observations are in full accord with the well-known clinical fact that an aortic bruit is sometimes temporarily much less pronounced than usual, and may even occasionally disappear. An interesting paper has just been published by Professor Carl Dehio, of Dorpat (*St. Petersburg Med. Woch.*, No. 50, 1888), in which he gives the details of a case which illustrates this variability of some aortic bruits very well. The patient was a student who had suffered from syphilis. At times he experienced severe pain in the region of the heart, accompanied by dyspnoea, headache, giddiness, and faintness. He had consulted several physicians, some of whom had detected a murmur, while others had declared there was none. Professor Dehio found at first, while the patient was sitting, merely some accentuation of the second sound, but as soon as he stood up a blowing murmur was audible over the whole of the body of the sternum synchronous with the second sound, and prolonged to the end of the diastole. After a time this became less and less perceptible, and finally vanished, but on the patient moving or working his arms about, it reappeared. Tracings taken with a Dudgeon's sphygmograph showed that while the patient was in a recumbent posture, there being no murmur, the pulse, which was beating 80 per minute, was of a normal but weak character, with a slight distension wave and a low blood pressure, the secondary waves being only just perceptible. On standing up, the beats increased to 88 per minute, the bruit becoming then audible, the tracing assumed the character frequently observed in cases of neurotic cardiac palpitation, the pulse wave being higher, but falling rapidly, and the secondary and tertiary waves being well marked. After considerable exertion, when the bruit was louder still, the beats being, however, only 76 per minute, the distension wave was three times as high as when the patient was down, and it fell very quickly, being in



fact the *pulsus celer*. It is seen that the bruit was dependent on the initial blood pressure due to the force of the contraction of the left ventricle, rather than on the mean intra-arterial pressure, which was probably not increased, since, according to the researches of Riegel and of Wetzell, there is no increase in the mean pressure, where the secondary waves become more pronounced. It is evident from the tracings that whenever the primary wave increased the secondary waves increased also, and thus that while when the patient was in a recumbent posture there was but a gentle backward stream through the defective valves, yet upon a slight amount of exertion the velocity of this stream was greatly increased, and thus became capable of producing a murmur. This difference between a gentle and a rapid stream can be easily illustrated by compressing an india-rubber tube through which water from a cistern is flowing, when the murmur, which can both be heard and felt, is readily found to depend on the velocity of the water. Dr. Dehio remarks that he cannot well have mistaken a murmur of hæmic origin for a slight aortic insufficiency in this case, for the whole history, the dilatation of the heart, the occasional whistling character of the murmur, and the serious subjective sensations of pain and palpitation all point to organic mischief. Again, the insufficiency must, he thinks, be of slight extent, as the dilatation of the left ventricle was but very moderate, and as Duroziez's double bruit was not audible in the femoral arteries.—*Lancet*.

**SPLENECTOMY IN SPAIN.**—Dr. Más, of Valencia, has performed splenectomy with an entirely successful result. This is the second time that the spleen has been extirpated in Spain, one other case having been done by Ribera Sans. Dr. Más's patient was a married woman who had had children. For some years she had noticed a tumour in the left loin of the size of an egg, but after her last confinement this increased in size and caused a great deal of distress. On ex-

amination, a large smooth mass, giving the impression of containing liquid, and dull on percussion, could be made out in the left hypochondrium, the usual splenic dulness being absent. An exploratory puncture was made, and a clear non-albuminous liquid obtained, which when examined proved to be of hydatid origin. The question then arose as to the organ in which it was seated. By a process of exclusion, the spleen was fixed upon as the affected organ, and it was also made out that it was both hypertrophied and out of place. The patient was extremely anxious that something should be done, and Dr. Más, knowing the danger of leaving such a tumor without interference, decided on performing splenectomy, having first satisfied himself that there was no leukæmia. He mentions that he was so affected by the preparations made for this important operation, and by the sight of the assistants who were to help him, that he almost fainted, and so, of course, was in no condition to operate at the time appointed. Three days later, however, he went to the house alone, gave the woman chloroform, lifted her on to a table, and extirpated the spleen, with a hydatid tumour as large as the foetal head at term, without any skilled assistance. The wound was dressed antiseptically, and the patient made an excellent recovery, returning to show herself in first-rate health seven months afterwards. The blood was examined at the time of recovery, and was found to show no signs of leukæmia.—*Lancet*.

**TREATMENT OF BALDNESS.**—Dr. Lassar (*Therap. Ztsch.*, December, 1888) recommends for alopecia areata the following treatment: For the first six or eight weeks an experienced hand should thoroughly soap the scalp for ten minutes daily, using for this a strong tar soap. A good lather having been formed, it should be removed with an irrigator, using first lukewarm and then cold water. The cold douching will, after several repetitions, harden the scalp somewhat and prevent catching cold. After the scalp has been thoroughly

dried the following lotion should be applied :

R—Solution of bichloride of mercury, } 8 grs. to 5 oz.  
Glycerin }  
Cologne water } . . . āā 3ij 5v.

Then the scalp should be rubbed dry with alcohol, ninety per cent., to which one-half per cent. of naphthol has been added. The scalp now being freed from any fat whatsoever, the following is applied :

R—Salicylic acid . . . 30 grains.  
Tincture of benzoin 45 "  
Neat's foot oil . . . 5ij 3 ij.—M.

This treatment carried out daily for some weeks will be followed with good results. Dandruff and itching will disappear. Hairs which are stiff and dry, become flexible and oily, and where no hair was, hundreds of small hairs will make their appearance. Of course, this only holds good when the hair growth is not destroyed.

In very obstinate cases the following is worthy of trial :

R—Carbolic acid . . . . 15 grains.  
Sublimed sulphur . . . 75 "  
Fat from a horse's neck 3 iss.—M.

The author relies very much upon pilocarpin, which he prescribes either in the form of an alcoholic solution or pomade.

R—Muriate of pilocarpin 30 grains.  
Vaseline . . . . 3 v.  
Lanolin . . . . 3 iiss.  
Oil of lavender . . . 25 drops.—M

That the addition of balsam of Peru to hair pomade takes the place of an antiparasite is well known and the following would make an efficient though somewhat expensive pomade :

R—Muriate of pilocarpin . . 30 grains.  
Muriate of quinine . . . 60 "  
Precipitated sulphur . . . 3 iiss.  
Balsam of Peru . . . . 3 v.  
Ox marrow . . . . 3 iij. .

Before applying the pomade the scalp should be thoroughly washed with soap and water and allowed to dry; then the ointment should be applied, but it should

not be left on too long, before being again removed with soap and reapplied.

Tar in the form of tar-baths is also an excellent remedy as well as an antiparasite.—*Münchener med. Wochenschrift*, December 25, 1888.—*Med. News.*

THE DOCTOR'S MANNERS.—There is no question that the success of every doctor is largely influenced by his manners. Professional knowledge and skill are necessarily the basis of all success, but manners constitute the great attraction of a particular doctor to a certain class of patients. Some time since while on a visit to a distant city we called upon the physician who was regarded as having the largest income of all the physicians. We found his manner singularly gracious and gentlemanly. The pleasing impression made upon us lasted several hours, and the memory of it remains with us to the present time. A professional friend who accompanied us said that doctor's manners are worth to him \$20,000 a year. His professional knowledge and skill is not at all superior to that of several other gentlemen working in the same specialty, in fact it is inferior to that of some, but his manners are a charm to all whom he meets. A patient that has been his once is sure to remain a patient as long as he lives, and he is also sure to advise all his friends to patronize this doctor.

In the same city is another physician, learned and skillful to equal any man in the world working in the same line, and yet his manners are so disagreeable that only such consult him as are impelled by the desire to get this skill: and are willing to endure the disagreeable manners. He can be courteous and gentlemanly, but it is uncertain when he will be so. It is safe to say that these manners keep him from at least twenty thousand dollars a year.

When there were but few doctors and these widely separated they could possess the manners of the uncultured and the poor and still keep their business. But as doctors have multiplied people have had the privilege of choosing, and as a rule the manners of the doctor constitute a deciding element in their choices.



Among the frontier doctors roughness was a characteristic of the social condition of the community. But as the culture of the intellect, especially in its finer forms, gained an influence, the manners of the doctors underwent a change. Some of these doctors could not change with their clients, and so lost their influence among the people.

To-day, in most American communities, the addition of well-bred manners to the doctor's equipment will prove a certain entrance to the best society, and to the best practice. Nor is there any reason why the highest culture in medicine should not be combined with the highest general culture, and the most courteous demeanor to all patients and acquaintances. There is no reason why the cultivated and polite should not choose a doctor possessing similar qualities. Nor is there any reason why such a doctor should not be the messenger of healing to the suffering among those classes that do not possess these accomplishments, and thus be an example to them of the higher types of manhood. Certain it is that courteous demeanor attracts those who do not possess it quite as much as those who do.

In the criticisms that come to us of various doctors, manners more than professional skill are complained of. Good manners call for the exercise of the kindest thought respecting others, the most courteous speech in a well-modulated voice that shall soothe the deranged nervous system. Under no circumstances will the gentleman forget that deference due to every human being with whom he is brought into relations. This deference will form the basis of the most perfect manners. The possession of such manners, unless inherited, and practised from early youth, is one of the most difficult of acquirements, far more so than the acquisition of medical knowledge and skill. Let him who has inherited such a possession be careful to keep it in perfect order. And let him who is striving to gain it never intermit his efforts. A clear head and a kindly heart to all human beings ever brought into active operation will do much to form and develop such manners — *American Lancet*.

A STATISTICAL REPORT OF 874 CASES OF LABOR.—Dr. Albert J. Cook, of Cleveland, Ohio, makes the following report:

This report includes all my cases of confinement from August 26, 1873, to August 27, 1888: Whole number recorded, 874—males, 472; females, 402. Nationalities represented — Bohemian, 229; Germans, 199; Irish, 132; Americans, 124, English, 69; Canadian, 33; Polish, 31; Welsh, 10; Danes, 10; Hungarians, 4; French, 3; New Brunswick, 3; Hollanders, 2; Norwegians, 2; Prince Edward Island, 2; Austria, 2; Isle Guernsey, 1; Russian, 1. Incidents of labor—Normal labor, *i. e.*, labor completed by nature's efforts, with vertex presentation, there were 492; forceps were used for various purposes and divers conditions 154 times; podalic version employed 59 times; employed in arm or shoulder presentations, cross position of child, or in any case where child was dead and speedy delivery desired, as when funis presents in front of head and pulseless, arm in front of head, shoulder or arm presented, 26 times; transverse position, 9 times; the face presented, 11 times; all the children born alive except 2; breech presented, 23 times; and 3 dead born—two of these three were dead previous to commencement of labor, as evidenced by unacerated condition of child; navel presenting in front of head occurred 7 times—only two children resuscitated out of the seven; twin conception occurred 23 times—in six cases both children were males, in seven cases both children were females, in ten cases one male and one female; hand and arm presented in front of head (once with navel) two times—these cases in my experience require podalic version; placenta previa occurred 5 times—in two centrally implanted, in three marginal—all the mothers recovered and three children, two were lost, one died from efforts in turning, one dead before labor; craniotomy was performed four times—once for hydrocephalus, once for impacted shoulder, once in case where forceps and version failed, and once in large ossified skull and narrow pelvis. Fifty-seven children out of the whole number—874—

were still born; dead before labor commenced, 14; died during labor before treatment commenced, 19—of these four were due to impaction of navel coming down in front of head; dead from podalic version, 11; craniotomy killed 2, syphilis killed 5, and 1 was strangled by a short navel cord around the neck. In one the placenta separated from the womb one-half hour before labor commenced.

It is perhaps not fully understood that a large number of these cases of labor here enumerated might be considered consultation cases, when I was called to assist midwives, and would probably represent all the difficult or unusual cases occurring in two or three thousand confinements. Hence the larger number of instrumental cases and cases in which podalic version was resorted to than usually occur in private practice.

Short forceps were used frequently in primipara to control the movements of the child's head to prevent laceration, not entirely for the purpose of extraction. I frequently extract between pains and hold the head back during a "pain."—*Cleveland Med. Gazette for January, 1889.*

**PHYSICIANS' FEES.**—A scholarly physician of our acquaintance who had faith in the consciences of his patients to such an extent that he sent no bills during the greater part of his professional life, has now formed the habit of getting proper pay for his services. The exciting cause for this change of habits was his marriage, and the consecutive and contributing causes were the natural ones which so often follow the union of the sexes.

Unable during thirty years of his career to develop the talents which flourish under goldlight, he has struggled along beneath the shade of creditors, and now being obliged to send bills in order to fill the open bills of a hungry family, he collects an abundance, and sees where he has made the great mistake of his life. But it is too late: and he can never fill the niche that was cut for him by nature.

There is much of pathos in the history

of this good man. Devoting himself rather to professional studies than to the ways of the world he has been overtopped by men who have observed human nature more and who worked less than he did. His motives in refusing to send bills to patients were wholly humane, but he forgot that few men were so generous as he, and that they were bashful about dropping around to settle without an invitation. Hoping by his liberality to gain the love and esteem of fellow-townsmen he missed the mark and hit the pile of rubbish that is furnished for motives in which other people are not pecuniarily interested. Besides, many patients failed to get well who would have recovered finally if they had felt that a large bill was to be paid and that they must get their money's worth of benefit from the treatment. Further, these patients lost interest in the physician because they did not have much of anything invested in him.

We hope that none of readers have ever bet on a horse race, but if they were present at one they noticed that the men who yelled and stamped, and threw their hats away, and jammed their canes down the necks of the people on the row ahead were the men who were betting on the winners. So it is with the people who have invested heavily in any particular medical man in their town. They shout for him, and clap their hands at his success, and are nervously impatient to see him take the lead.

The principal reason why city practitioners are better paid than country physicians is because the former have to get the money; so they charge for it, and collect it. We do not know of many instances in which the respect of patient for physician is not in direct ratio to the reputation of the latter for making heavy charges. This statement may seem to place the cart before the horse, but in some countries they drive their horses this way, and we may explain our way of hitching up by saying that the physician is enabled to gain such respect because his large fees pay bills for professional resources which are not obtainable by poorer and needy medical strugglers.



A well-known lawyer recently said to us that he had "never known medical men's fees to hurt anybody much." He had recently been paid a fortune for his services in keeping it out of other peoples hands, and as we considered the relative value of high legal services and of high medical services, it seemed as though a physician's fee of an even hundred thousand dollars ought not to be one to cause comment because of its rarity.

We have directly saved a number of lives during the last year, and some of the patients would not miss the five ciphered row of dollars very much, but at the present moment we do not recollect that we have charged half of the hundred thousand dollars for services to any one man since the blizzard.

Tearing ourselves away from the charming subject of large fees we can consider with propriety the advantages of sending in bills for ordinary medical services at early dates afterward. It is a fact that physicians who do not send in bills, collect less money than the ones who attend to the matter once a year. The men who send annual bills do not realize on them so largely as do those who send quarterly bills: and the quarterly bills are not so fruitful as the ones that are planted as soon as medical services have made the ground fallow, and before it has settled down again to unyielding sod.

People are not apt to be eagerly interested in a physician who is not getting on in the world, and every business man knows that the ones who are getting on well need a good deal of money at frequent intervals. We wish that there was nothing of business in connection with our profession and that we could devote ourselves to good deeds without pay, but as the amount of good that doctors are able to do is greatly enhanced by financial resources it behooves the kindest physician to be the most business like in his dealings with the people, and to put aside the arrant nonsense that people think more of him because he is not apt to sue for uncollected bills.—*New Eng. Med. Monthly.*

**SIMPLE TREATMENT OF ACUTE CORYZA.**—The *Schweizer Wochenschrift für Pharmacie*, No. 49, gives the following simple treatment for this affection:

Put one teaspoonful of powdered camphor in a cone-shaped vessel, filled with boiling water, and covered with a cornucopia, the top of which is then torn off just enough to admit the nose, and the warm camphor-vapor inhaled from ten to fifteen minutes. A repetition of this procedure after four or five hours, will generally suffice to effect a cure.—*Correspondenz Blatt. f. Schweizer Aerzte*, January, 1889.—*Medical News.*

**TEA AND TEA Drinking.**—As there is some doubt as to the quantity of tannin extracted from tea by short and long infusion, and also as to the percentage of tannin in different teas, the following note of the result of some experiments on three samples, unblended, sent to us by Dr. Hale White, of Guy's Hospital, will be read with interest. A was the finest Assam; B the finest China; C common Congou; no green tea of any kind being used:

Mark of sample.	Percentage of tannin by weight extracted by infusion for three minutes.	Percentage of tannin by weight extracted by infusion for fifteen minutes.
A	11.30	17.73
B	7.77	7.97
C	9.37	11.15

The result, Dr. White adds, is what might have been expected, as tannin is very soluble in hot water, and nobody who has drunk Assam or any other Indian tea, and the choicest China, would require any scientific analysis to tell him which would be most likely to disorder the stomach and nerves. It is of course true that any tea which has been infused for some time has a more marked effect than tea which has been infused a shorter time; but this difference is due not so much to the tannin as to strength. The moral, therefore, for persons with weak digestion is to select the best China tea they can get, and not to drink it strong; to be satisfied with flavor and

not to desire intoxication. They must be particularly careful, also, to see that the tea is not blended. Sample B is worth about 5s. a pound retail.—*Brit. Med. Journal*.

**COCAINE IN THE TREATMENT OF WHOOPING-COUGH.**—To diminish the violence of whooping-cough, painting the pharynx and tonsils four times daily with the following mixture is recommended :

Chlohydrate of cocaine	grs. xv.
Water	3v.

—*Journal de Médecine*, December 16, 1888.—*Medical News*.

**ACCURACY IN DISPENSING.**—An important prosecution under the Sale of Food and Drugs Act came before the Buxton (Derbyshire) Board of Magistrates recently. A prescription had been given by the official inspector to a local chemist for preparation, requiring him to dissolve 160 grains of iodide of potassium in ten fluid ounces of water. A portion of the solution was submitted to the public analyst for North Derbyshire. His certificate was as follows: "I am of opinion that the sample contained  $14\frac{1}{2}$  grains of iodide of potassium in each fluid ounce, equal to  $142\frac{1}{2}$  grains of iodide of potassium in the whole bottle of ten ounces. The proportion of iodide of potassium ordered in the prescription was 160 grains in 10 ounces, or 16 grains in each fluid ounce. The deficiency of  $17\frac{1}{2}$  grains in the bottle was not sufficient to be of material importance with regard to the efficacy of the medicine, but is quite beyond the limits of reasonable variation." There was no suggestion of fraud against the dispenser, but it was contended that the medicine was not of the substance and quality demanded by the purchaser. The defense relied upon the well-known fact that bottles intended to hold a specified number of ounces vary considerably in capacity, and the Bench accepted the defence, but, in dismissing the case, expressed their opinion that the custom of filling up the bottle from a tap instead of measuring from a measure was a lax one. This magisterial opinion we entirely endorse. The chem-

ist cannot throw his responsibility upon the bottle manufacturer; he is bound not only to weigh his drugs, but also to measure the solvents prescribed. The whole question of accuracy in dispensing is a most important and wide one, and it is most desirable that some agreement should be arrived at as regards the allowable variations between prescription and compounded medicine. Some latitude must necessarily be allowed, but with fair care on the part of the dispenser the error cannot well exceed 5 per cent. either way, and should certainly not reach 10 per cent. Anything above that suggests the charge of negligence. The public in general, and the medical profession in particular, have a right to expect that chemists and druggists should supply accurately and conscientiously what is demanded of them.

## WASHINGTON NEWS AND COMMENT.

At a recent meeting of the directors of the Garfield Hospital, Dr. Robert T. Edes was chosen to fill the place upon the visiting staff recently vacated by Dr. Hawkes, and Dr. Yarrow was made successor on the consulting staff, to the late A. Y. P. Garnett. Dr. Hutton was appointed resident physician for two years. Except for these changes the staff remains as before.

Dr. John B. Hamilton has relinquished the editorship of the *Journal of the American Medical Association*, and after his leave of absence has expired, will resume his duties as Supervising Surgeon General of the Marine Hospital Service.

At a meeting of the Clinico-Pathological Society, held on the evening of Tuesday, February 5, Drs. Dillenback, Collins and Crockett were elected to active membership.

It is said that a homœopath in Germany has been sentenced to a year's imprisonment because he did not recognize and actively treat a disease in a child under his care.



### Medical Items.

The Medical Clinic at Jena has been given in charge of Dr. Vierordt of Leipsic.

Dr. W. R. Gowers, F. R. S., has resigned the appointment of Physician to University College Hospital, London.

It is probable that a third Medical Clinic will be established at Vienna, and given to Professor Schrötter.

The *Canadian Practitioner* thinks it unjust to compel the students to attend the same course of didactic lectures twice.

The Eighth German Congress for Internal Medicine meets at Wiesbaden on April 18th, under the presidency of Professor Liebermeister.

Professor Schrott, of Vienna, who died recently, left £8000 to found a pension fund for the relief of poor persons who had lost an arm or a foot.

The daily papers announce that Pasteur and his co-workers have discovered the specific organism of diphtheria. Details will be awaited with interest.

Dr. Richard H. Lewis, the distinguished oculist of Raleigh, N. C., Class of 1871, will deliver the address at the Annual Meeting of the Alumni Association of the University of Maryland, in April.

Professor William Osler of Johns Hopkins University, has accepted the invitation to deliver the annual address before the Medical and Chirurgical Faculty of Maryland, in April.

Dr. Landon Carter Gray has been elected President of the New York Society of Medical Jurisprudence, and Chairman of the Neurological Section of the New York Academy of Medicine.

Hæmorrhagic, or "black small-pox" is stated to prevail in Adrianople; and sanitary cordons, with medical inspection, have in consequence been imposed on the Villayet by the Bulgarian Government.

Diphtheria is announced to be prevailing in a virulent epidemic form in the town of Nagy, in Hungary. The schools have been closed, and a panic prevails owing to the excessive mortality amongst children.

Senator Call, of Florida, has introduced a joint resolution which was referred to a Senate Committee, giving thanks of Congress to the medical officers engaged in the work of suppressing the yellow fever epidemic in Florida.

Dr. S. S. Cohen, of Philadelphia, wants ten thousand dollars from his landlord to compensate him for loss to his practice, etc., etc., from the house not being in proper repair. One of the owners of the house is Dr. Carl Seiler.

The annual report of the Health Officer of Brooklyn shows a greater mortality from diphtheria alone, than have died from yellow fever in Florida during the same period. The report shows that 984 deaths occurred in Brooklyn from diphtheria in 1888.

If one should be commended for telling the truth, then Professor Wiederhofer of Vienna, deserves credit for refusing to give any but the true cause of death in the death certificate of the late Crown Prince Rudolph of Austria.

Dr. D. Hayes Agnew says that he never saw a case of nasal catarrh among the females belonging to the Society of Friends, Dunkards or Mennonites. He thinks the bonnets of these people protect them from the disease. It is pertinent to inquire whether the other conditions of dress and living may not contribute to the result noted.

The Royal Academy of Science at Turin gives notice that the new term for competition for the seventh Bressa Prize, value 12,000 Italian lire, commenced on the 1st inst. The competition, which concludes at the end of December, 1890, is open to scientific men and inventors of all nations, and the prize will be given for the most important and useful discovery, or for the most valuable work on physical and experimental science, &c.

The West Philadelphia Medical Society at a late meeting passed a resolution to the effect that it was best for medical men to render all bills quarterly or oftener. As medical men in cities are compelled to pay their bills monthly, it is only proper that their bills be paid at equally short intervals. On the whole patrons, when once accustomed to this method would be better pleased than with the old way. Doctors would collect more money and patients would stick closer.

Sir Andrew Clark says that from the study of cases of phthisis which he has sent to Alpine altitudes to winter he has learned two important facts. (1.) Patients who go to these regions suffering from albuminuria seldom do well. (2.) Patients who whilst dwelling there become albuminuric almost always do ill. Hence he says that no phthisical person having albuminuric urine should be sent to any Alpine height; and every patient beginning to have albuminuric urine when there should be immediately sent away.

At the Annual meeting of the Philadelphia Clinical Society, held January 25th, 1889, the election of officers for the ensuing year, resulted as follows: President, Dr. Marie B. Werner; First Vice President, Dr. Amy L. Barton; Second Vice President, Dr. Rebecca Fleisher; Treasurer, Dr. L. Brewer Hall; Corresponding Secretary, Dr. Emily Wateman-Wyeth; Recording Secretary, Dr. Mary Willits; Reporting Secretary, Dr. Mary Willits; Councillors: Drs. Anna McAllister, Cornelia Kahn, Mary E. Allen, James B. Walker, and I. G. Heilman.

Original Articles.

A FATAL CASE OF DOUBLE PHLEGMASIA DOLENS WITH REMARKS ON THE NATURE OF THE DISEASE.\*

BY A. K. BOND, M. D., OF BALTIMORE, MD.

The patient was a mulatto woman, 33 years of age, apparently well-formed and healthy. She had one child about 18 months old.

I was first called to attend her February 18th, 1885, in labor, but on arrival at the house I was told that she had been delivered, after a normal labor, by the nurse, and that my services were not needed.

Being summoned again, 13 days later, I found the patient in a very dirty room attended only by her mother who was away all day at work. She was very weak, and upon examination I found symptoms of circumscribed pneumonia in the left suprascapular region. For this I treated her one month. During this time the temperature in the mouth ran from 104° in the beginning, irregularly down to 99.4°, the respiration varied between 20 and 30, and the pulse, which was very weak and compressible, gradually descended from 130 to 90. There was no corresponding improvement in the patient's general health. The mind was clear, there was a sense of great weakness, a slight cough, a poor appetite, a moist tongue, the urine looked natural, there was slight constipation and some blood-tinged leucorrhœa. There was, at the first, much hypogastric pain, There were no chills.

The treatment was with compound licorice mixture, quinine and whiskey.

On April 2nd, a month and a-half after delivery, she began to suffer, in addition to the lung trouble, from severe pain in the left hip, above and a little behind the great trochanter. The temperature was now 100°, the respiration 20, the pulse 100.

The pain in the left hip continued for two weeks, yielding somewhat to

blisters over its seat, dressed with morphia. During this time the temperature continued between 100° and 103°, and the patient seemed greatly depressed, though bright and cheerful when the pain was less severe. Her appetite was good, her sleep natural, and at times she was able to sit up. Quinine, four grains three times a day, was given, with morphia when the pain was great.

Two months after delivery the left leg began to swell, from the groin downward to the foot. The parts behind the great trochanter were not swollen, and the pain there became less severe. The tissues in the groin were hard and knotted, and very painful. The pain there began gradually a day or two before the swelling, and extended along the line of the femoral artery. The tissues of the limb became more and more tense until the climax was reached, when they were so tense as not to pit on pressure. The tension then gradually decreased. The patient could hardly move the limb. The skin of the affected parts had a peculiar pale whitish appearance, with dark spots over the course of the veins. At first it seemed a little warmer than that of the opposite limb. The patient complained much of thirst. The appetite was good, the bowels regular. The supply of milk from the breasts had gradually ceased. The temperature varied between 102° and 103°. Quinine, tincture of iron and whiskey were used as required, with local washes of opium. At the end of the second week of this swelling, she was able again to move the limb a little. She was very feeble; temperature was 101°, pulse 130 to 140.

At this time she complained of chilliness, and two days later her right knee began to swell, as the left had done, the swelling being accompanied by pain behind the great trochanter and in the groin. She lay now propped up in bed with the left leg straight and the right leg rotated inward,—previously the right had been kept straight and the left turned in. There was no excessive heat of the skin, and she seemed no longer feverish. The swelling in the left leg continued to decrease. The treatment was whiskey and tincture of iron.

\*Read before the Clinical Society of Maryland February 1st, 1889.



Four days later a bed-sore appeared on the left side over the sacrum, and next day another over the middle of the sacrum. The left leg was now nearly well, the right pitted on pressure up to the knee, but above was too tense to pit.

The whole limb was painful when touched. Pulse was 130. Sleep was good, appetite fair. Ten drops of tincture of digitalis were ordered three times a day. Two days later I found her much worse reclining with drooping eyelids, labored breathing, (apparently not from obstruction to the entrance of air into the lungs), rapid and weak pulse. The face was extremely wasted, the limbs were as before. I stopped the digitalis tincture (only a few doses had been given), and increased the dose of whiskey. The patient died in the afternoon of this day, 12 weeks after delivery and 4 weeks after the swelling first appeared. The immediate cause of death seems to have been thrombosis of the left side of the heart or pulmonary artery—perhaps embolic. There was no post mortem.

In an article of this sort there is no opportunity for a thorough discussion of the disease in question, the literature of which is large. I shall, however, review rapidly some important questions connected with it.

In regard to the nature of phlegmasia dolens, much remains to be known. Most writers, however, agree that it is a peculiar form of œdema, caused by pressure upon or thrombosis in the veins of the part, associated with an abnormal state of the blood, a stoppage of the lymph circulation, or else some unknown condition of the part. Thrombi in the veins, especially the femoral, are found in nearly all cases, but occasionally (Lusk's Midwifery) no thrombi can be found—in these cases there is probably pressure from without upon the veins.

On the other hand fatal phlebitis of the femoral vein does not necessarily (Pepper's System vol. 3) produce phlegmasia dolens, and femoral phlebitis causing complete obstruction of the vein, produced artificially in a healthy animal, differs from phlegmasia dolens in that it causes but little pain and only slight

effusion into the cellular tissue, while the limb pits readily on pressure.

Phlegmasia dolens may occur in males and non-puerperal females in conditions of depressed vitality, as during convalescence from acute disease, and in persons suffering from phthisis, cancer, and other cachexiæ. It may affect the arms as well as the legs.

The compression of the veins or thrombosis, which is essential to the disease, may be produced in several ways.

1st. There may be a tumor or other body pressing upon the great veins in the pelvis or in the limb.

2nd. Peri-uterine cellulitis, which generally becomes circumscribed or spreads upward into the abdominal walls may extend downward, causing infiltration of the sheaths of the vessels and nerves which supply the lower limbs, with compression of the same. Thrombosis of the veins and exudation into the tissues result from this pressure.

3d. Thrombosis—probably of septic origin—may begin in the veins of the uterus or adjacent parts, and extend by way of the spermatic or hypogastric veins to the femoral vein and its branches.

4th. The blood, loaded with effete, perhaps septic, material from the womb, or altered in some essential particulars by other influences, may acquire a tendency to form thrombi in any part of the body where the conditions are suitable for thrombosis, and obstruction in the veins of the brain, lungs, or limbs may occur.

In regard to the structure and mode of formation of these thrombi, I may quote, in general terms, from an article by Dr. Welch, (Trans. Patholog. Soc. of Philadelphia, 1887). The thrombi which are formed in circulating blood, as a result of slowing of the blood and some abnormal condition of the inner coat of the vessels, may or may not be stained by the presence of red corpuscles; yet they differ in many respects from red clots found in stagnant blood. In the formation (experimentally) of these white thrombi there is first an accumulation of blood-plates at the point affected, white corpuscles then make their way into the masses of blood-plates, and

the formation of fibrin takes place. Colonies of micrococci are often found in such thrombi, when they occur in the course of infectious diseases. In a case of thrombosis following parturition, fresh white thrombi were found in the femoral and iliac veins, the inferior vena cava, the branches of the pulmonary artery and the cerebral sinuses. Such cases in which many thrombi form in distant parts of the body, are most naturally interpreted as examples of thrombosis caused by fermentative changes in the blood.

Knowing the conditions which dispose to phlegmasia dolens we may more successfully guard against it.

In case of pressure of tumors, etc., upon the veins, we may not be able to accomplish much; but periuterine cellulitis and thrombosis beginning in the uterine veins, as well as those changes in the blood which dispose to general thrombosis, may be avoided in most cases by strict observance of the laws of cleanliness in labor and childbed, by protection of the tissues of the mother from injury during labor, by the prevention of severe hæmorrhage, and by attention to the general health of the patient.

When phlegmasia dolens has once begun, there is one point in the treatment which should always be kept in mind. Death occurs, in the rare cases in which it does occur, from the separation of a part of a thrombus, its conveyance by the blood-stream, and its lodgment in the pulmonary arteries. This is a general, if not invariable, rule. To prevent this accident, the limb affected should be kept at rest from active and passive motion, and the patient should, as far as possible, maintain a horizontal position.

In the case in which I have related, the patient was allowed to move about and sit up, because she became very weary of lying flat in bed, and because the textbook which I was following—Leishman's midwifery—gave no caution at all against movement, and dislodgment of thrombi.

It should never be forgotten that phlegmasia dolens arises in many cases from blood-poisoning, and that a physician, passing directly from such a case to a

healthy parturient, may fatally infect the latter.

In the case which I have now recorded the swelling in the leg began at a much later period than is usual, but the pneumonic symptoms which appeared 13 days after delivery may have really resulted from a thrombosis (embolic or primary) in the pulmonary vessel. The sciatic pain which lasted for 2 weeks before the swelling in the leg appeared, may have been the result of pressure of a pelvic exudation (cellulitis) upon the sciatic nerve. Although the patient was extremely feeble toward the end, yet death set in with a suddenness which suggests, taken in connection with the great increase of dyspnoea, the plugging of the pulmonary artery with an embolus.

## AMPUTATIONS OF THIGH AND LEG.\*

BY MORDECAI PRICE, M. D.

OF PHILADELPHIA.

The subject I wish to bring before the Society to-night is one of deep interest—to me at least, and to all others who are alike unfortunate in having lost a limb. In performing amputation on the leg, the chief object of the surgeon of the day seems to be to remove the limb and save life—the future comfort and usefulness of the patient being minor considerations. The comfort and usefulness of patients who are subjected to amputation of the leg have received my personal attention through the entire period of my professional life. This has been my latest thought at night; my first consideration in the morning; and I have been painfully reminded many times during the day of the importance of changes in the present surgical practice. I see no reason why in this department we should narrow our surgery to a strict following of the *dictum* of a school of surgeons a century old; why we should not, in step with other departments of

\*Read before the Philadelphia County Medical Society, January 23, 1889.



surgery and medicine, adopt those new truths which our advanced art and science, and wider experience approve.

I ask your critical consideration of the few changes I propose to suggest. As a student I often marvelled at the numerous amputations done near the ankle and through the knee, for the reason then given: to save all the limb possible, apparently without due consideration of the discomfort and suffering to follow, and the usefulness of the limb. I have waited for years hoping that some of our eminent surgeons, members of this Society, would bring the subject before us, when I expected to be able to say something upon the subject. Like many other department of medicine and surgery, however, this seems to have been looked upon as one of the subjects forever settled. For as far back as the works of surgery of the eighteenth century I find the same old plates, the same old positions for removal of the limb—where it is a matter of selection with the surgeon—as I find in use to-day. Sometimes the accident comes to the patient's rescue and removes sufficient of the limb to compel the surgeon to give the patient a good stump. In an amputation to-day in the foremost hospital of the world—the Pennsylvania—if the location of the injury left a choice as to where the limb should be removed, it would be done through the ankle or at the lower third of the leg. I suppose you ask "Why not?" I would answer that question by asking the question: Why do we amputate at all? The answer would be: first, to save life; and, second, to make a useful limb. Now, we can save life as easily by one method as by the other. Why not then operate solely for the best interest of the patient? In an amputation of the leg all that is left below the middle of the middle third of the leg is useless and in the way, and gives that much more room for ulceration and friction sores. Let me tell you, gentlemen, these are weighty considerations in an amputation, for they compel the wearer of an artificial limb either to endure great suffering or to leave the artificial limb off, as I can abundantly testify from personal

experience. Nearly three-quarters of a century ago, Gibson used the following language: "As much as possible of the thigh should in all cases be saved. But the rule does not always hold good in amputations of the leg. If, for example, the leg be amputated just above the ankle, the bone, from the deficiency of surrounding muscle, cannot be well covered, and is therefore not calculated to bear the pressure of an artificial leg. On this account the patient is obliged to have an instrument of the kind adapted to the knee, and the leg, therefore, is carried out behind at right angles with the thigh and by its weight greatly incommodes the patient, so much so, indeed, that I have known two or three to submit to a second operation, for no other reason than to get rid of the incumbrance." This Dr. Gibson gives as his professional experience. I personally know of a number of reamputations for no other reason than the suffering, discomfort, or absolute impossibility of wearing an artificial limb upon a long stump. After the application of an artificial limb there is a constant diminution of the size of the stump. Its nutrition being continually interfered with, and the parts being of low vitality, consequently, when we have ulceration or friction sores or injuries of any kind, it is with great difficulty that they are induced to heal.

There is another element to be taken into consideration. As soon as the artificial limb is left off, and the patient assumes an upright position, the limb is greatly enlarged by a species of oedema which takes place immediately, leaving the parts in no condition to heal. The limb has the feeling of being cold and almost lifeless, and if exposed to cold it would be the first to freeze. It is almost impossible to keep the amputated limb warm.

When the artificial one is left off, amputations through the knee-joint give in many cases a very bad surface to bear the weight of the body, and a leg is rarely worn with comfort. Such an amputation absolutely prevents the application of a full-lengthed limb as the knee-joint would have to be low-

ered some three inches for want of room, making it best a useless appliance. Amputate therefore—if it is a matter of selection—through the lower third of the thigh. An amputation below the middle of the leg is objectionable on account of the length of the stump, which presents occasion for ulceration and is difficult to dress properly so that the limb may be worn with comfort. Every inch of stump over five or six inches below the knee involves that many hundreds of hours of suffering and distress to the patient. The additional chance of life does not add one feather's weight in favor of the long amputation. Amputation at the lower third does not give sufficient room for a strong ankle-joint, and, therefore, adds greatly to the wear and tear of the limb, thus adding largely to the expense. Amputations through the ankle may give the patient something to walk on, but this oftentimes accompanied with great pain. It often gives him a poor excuse for a limb, and completely prevents any mechanical appliance from aiding him in the least, and forever prevents him from hiding his terrible deformity. If ever there was an appliance to which the term "slipshod" could be appropriately applied, it is to those intended to imitate nature in these cases. The usefulness of an artificial limb is in proportion to the simplicity and completeness of its mechanical construction. The nearer it resembles the human limb in all its parts, the more perfectly it fills its office. There is one fact associated with these cases to which but few of you, perhaps, have given a thought; that is the ever present and painful consciousness of physical deformity which the patient has, and the fact that his maimed condition closes to him many avenues of honorable, useful, and lucrative employment. This applies especially to the case of civilians; to the soldier it is different; to him the loss of part of a limb is unchallenged testimony of gallant and heroic sacrifice.

The college building of the University of Kansas City, is said to be one of the finest in the west.

## INTRA-PERITONEAL RUPTURE OF THE BLADDER. RECOVERY.

BY W. Q. SKILLING, OF LONACONING, MD.

On the night of May 18, 1888, I was summoned to attend J. S., aged 45, who, it was stated, had been seriously injured while engaged in a wrestling match. In the contest, which took place in a saloon, his antagonist threw him forcibly to the floor, holding him down by placing his knee on his abdomen. The patient was immediately seized with violent pain in the hypogastric region, and as he had been drinking freely of beer, the viscus must have been fully distended.

On my arrival, an hour after the occurrence, I found the man lying on his left side, with limbs drawn up and suffering intensely. He was so intoxicated however, that it was impossible to make an intelligent and thorough examination. His pulse was good and there was no indication of shock. After administering a dose of morphine and atropine hypodermatically, I had him placed on a blanket in the corner of the room and left him for the night.

At 9 o'clock the next morning, the 19th, I found him in a precarious condition. He was in great pain and was unable to pass his urine. An examination showed the urine to be dribbling from the urethra, and the introduction of a catheter relieved him of only a small quantity of bloody urine. He was vomiting freely and could retain nothing in his stomach. Administered another hypodermatic injection of morphine and atropine and had him conveyed to his home.

On visiting him at 9 P.M., of the same day found his condition about the same. Stomach irritable, pulse and respiration accelerated; tongue dry and heavily coated; abdomen distended and sensitive to slightest touch. The introduction of a catheter caused the evacuation of two ounces of bloody urine. On passing the instrument I could distinctly feel the walls of the collapsed viscus contracting upon it, and came to the conclusion that



I had to deal with a case of ruptured bladder. Dr. J. D. Skilling being requested to see the case, concurred in the diagnosis and agreed with me that laparotomy be performed and urged it without delay. Upon explaining the nature of the operation to the patient and his wife, they both strenuously objected, the patient preferring death to relief, by such means. Fomentations to the abdomen were then ordered, morphine and atropine given hypodermatically and left the patient for the night.

At 9 o'clock the morning of the 20th, the third day since the accident, I was informed he had spent a restless night, but his condition was practically unchanged from the previous night. At 9 P.M., of the same day found him very restless, throwing his head from side to side, skin bathed in clammy perspiration; excessive vomiting and thirst, breath offensive; abdomen enormously distended, pulse could scarcely be counted, respiration extremely difficult.

The case seemed now almost hopeless, a flexible catheter being introduced I succeeded by gentle manipulation in passing the instrument through the rent into the abdominal cavity, and immediately gave vent to fully half a gallon of bloody urine. By pressure upon the abdomen from above, the cavity was first thoroughly drained. In order to prevent any further escape of urine into the abdominal cavity a catheter was introduced into the bladder at frequent intervals for six days; a bandage was adjusted to the abdomen, and an opiate administered; the vomiting and other untoward symptoms ceased, and the patient expressed himself as feeling quite comfortable. On the following day, the 21st, the bowels were moved by an enema of castor oil and warm water. The abdomen rapidly assumed its natural condition; the pulse and respiration became normal; the stomach regained its tone, and the case went on to an uninterrupted recovery.

The patient was kept under observation for six weeks, the only after treatment being tonic doses of quinine and an occasional hypodermatic injection of morphine. Eight months have elapsed

and the man is able to follow his usual employment with little or no inconvenience.

## REPORT OF A CASE OF STRANGULATED FEMORAL HERNIA IN A WOMAN EIGHTY YEARS OF AGE, OPERATION, RECOVERY.\*

BY WALTER B. PLATT, M. D., F. R. C. S.  
OF BALTIMORE.

Mrs. K., white, aged eighty, was first seen by me December 31st, 1888. She had been vomiting more or less for three days, the last twenty-four hours the vomit had been of a fecal character. When seen by me at 12, noon, she seemed much exhausted, and complained of pain in the region of the right groin, as well as in the abdomen generally. There had been no movement of the bowels since the onset of the vomiting. There was a history of right inguinal swelling of five years duration, which had never received any surgical attention.

The patient is a tall and very thin old woman the picture of senile atrophy. No apparent fever. In the right inguinal region is a tender, oval, slightly discolored swelling, three inches in length, with its long axis parallel to Poupart's ligament. The night dress was stained brown from the vomited matter, which was said to have a strong fecal odor. The patient is very weak. Operation to relieve the strangulation was advised after gentle attempts at reduction by taxis had failed.

The tumor lying close to Poupart's ligament, strongly resembled an inguinal hernia. It was, however, decided to be of the femoral variety, and at 3 P. M., the patient was etherized.

Contrary to the general rule, I made the skin incision over the long axis of the swelling, instead of parallel to the long axis of the thigh, feeling sure that in this way I could more readily reduce the hernia. It was two and a half inches long

\*Read before the Clinical Society of Maryland. January 18, 1889.

and divided the skin and fasciæ covering the sac. No other coverings of the hernia than these could be recognized, and the intestine, dark blue in color, could be readily seen through the thin sac. The latter being opened, the intestine was found adherent to its inner surface, and the sac itself felt to be adherent to the tissues around and about the femoral ring. After these adhesions had been gently broken, so as to free both the gut and the sac, the stricture was found to be at the femoral ring, and caused, as usual, by the thin inner edge of Gimbernat's ligament. The femoral opening was about large enough to admit the tip of the little finger. With some difficulty I introduced a hernia director between the intestine and the inner edge of the ring, *within* the sac, and upon this a hernia knife, with the flat held parallel to the long axis of the gut at this point. Turning the knife now inward and slightly upward, the ring yielded with slight pressure. The loop of intestine, about four inches long, distended with gas and fluid, after partial evacuation of its contents, was crowded slowly back into the cavity of the abdomen, last of all the sac also. Three small arteries were tied with catgut, the wound irrigated, dusted with iodoform, and closed with five silk sutures after a drainage tube had been inserted in the inner end of the incision. The entire operation was done antiseptically, the skin being shaved prior to the operation and thoroughly washed with corrosive sublimate solution. Iodoform gauze was applied under a firm bandage. The patient was forty minutes under ether. There was occasional vomiting at night for two weeks afterward. One-twenty-fourth of a grain of morphia every two or three hours quieted the patient when restless. Two teaspoonfuls of whiskey every three to four hours, with milk and cream, equal parts, and rest in bed, on the back, constituted the after treatment for four days. She then sat up more or less in bed, and had more generous diet. Some tympanites and a chronic cystitis of long previous duration proved annoying. This improved under simple treatment. The urine was drawn off by catheter once, the night of

operation. The dressings were changed on the third day, when the plugged-up and useless drainage tube was removed. Four of the stitches were removed the fourth day and the other the eighth day.

There was but little discharge of any kind from the wound. On several occasions a clear, watery fluid escaped on pressure. It was interesting to observe how little nature was able to accomplish in wound-healing at such an advanced stage of senile degeneration of the tissues. The final adhesion of the edges of the incision was exceedingly slow. At the present time, four weeks from the time of operation, the patient, is well as far as the hernia or its effects are concerned, and goes about her room.

I am much indebted to Dr. R. W. Johnson for his kind assistance at time of operation.

859 Park Avenue.

HOW CAN MEDICAL SOCIETIES BE MADE SO PROFITABLE THAT THEIR MEMBERS SHALL FEEL THAT TO ATTEND MEETINGS WILL INDIVIDUALLY PAY BETTER THAN TO STAY AT HOME?—To spend his time to secure the greatest profit to himself is the right of every man. In a sense such is his duty. In another sense his profit is greatest when he is serving others. We have often heard doctors say, when asked to attend a certain meeting of a medical society, "I can spend my time more profitably with my medical journals at home." If this be true, then he should stay at home with his journals. If medical societies are at their best those doctors who are familiar with them will know that society meetings are more profitable to them than staying at home reading medical journals. They will know that their professional success, will become more assured by attendance upon such meetings. Such is our conviction at least. The question now faces us how shall such meetings be secured?

First, it will be apparent that there can be no stereotyped plan of conducting societies, in different localities, among practitioners of divers experiences, of infinitely varied culture, social and other surroundings. The society in



the mountains, the society in the plain, the society in the region of long continued heat, the society in the region of long continued cold, the society of the country, of the village, and of the great city, each of these must work out his own scheme, to meet the pressing needs of its membership, actual or desired.

Second, it is clear that it is of the first importance that the officers be selected not for any imaginary honor which it is desired to confer upon them, but simply and solely for their fitness and willingness to serve the medical profession of a particular locality, by stimulating intellectual activity on the part of the members, and promoting good will, so that each meeting will be full of profit to each member in both his head and his heart. Happy is the society that possesses such officers. We have a few such in mind but they are rare, and not always appreciated when they are found.

Third, no doctor will long have an interest in attending the meetings of a medical society who does not himself contribute some thought, or observation, or experience, or study to the society. If he takes part in the work of the society, then he becomes an integral portion of it, otherwise he is a looker-on, a critic of others' thoughts or work. Hence in so far as possible each member should be induced to work in and with the society—becoming a portion of its body. In this manner he will have cultivated one of the most important requisites of a doctor's success, viz., the power to talk, standing, clearly, interestingly and forcibly. To a larger degree than most doctors are aware, they are judged in the minds of the laity, by their conversation. If this be such as commend itself to educated and thinking people a marked advantage is had over a doctor equally well qualified, who cannot express with fluency his views on the subjects he is called upon to discuss with patients and outsiders. We emphasize this point because in our observations excellent doctors fail to avail themselves of the advantages of medical societies for such training, and so are at a disadvantage with other doctors possessing less actual knowledge and ability, but more power

of forceful, pleasing conversation or speech.

Fourth, it is possible to organize a combined study of a certain subject by all the members of any society, by which should be brought to a common centre all the individual knowledge of the members. It is well known that types of given diseases vary under varied conditions, and that these conditions are never identical, in different localities, social, industrial, etc., etc., conditions.

Is it impossible to interest members of a society in the study of the peculiarities of detail in the diseases incident to their field of observation?—*The American Lancet*.

STROPHANTHUS IN PNEUMONIA WITH THREATENED HEART FAILURE.—Dr. Gratz (*Centralbl. f. klin. Med.*, No. 45, 1888, and *Münch. med. Wochenschrift*, p. 125, 1888) says, that at the Poliklinik, at Erlangen, Dr. Pentzold has employed strophanthus in fifteen cases of severe pneumonia, with symptoms indicating heart failure. He gave the five per cent. tincture, in doses of ten drops three times daily, and with very satisfactory results, as shown by an improvement in the general condition, slight decrease of the breath and pulse frequency, and especially a decrease in the irregularity of the heart's action. No unpleasant effects from the drug were observed.—*Medical Chronicle*, January, 1889.—*Medical News*.

#### FOR HÆMOPTYSIS.—

Rx.—Ergotine (Bonjean) 30 to 60 grains.  
Gallic acid . . . 8 grains.  
Mint water . . . 5ij.  
Syrup of oil of turpentine  
(Fr. Ph.) . . . 5j.—M.

This potion to be administered in teaspoonful doses in the twenty-four hours.—*L'Union Médicale*, January 5, 1889.—*Med. News*.

"Now get you to my lady's chamber, and tell her, let her paint be an inch thick, to this favor she must come."—*Hamlet, Act V, Scene I.*

AMERICAN EDUCATIONAL JOURNALISM.—For several months past the leading journals of civilization (?) in the country, *i. e.*, *Harper's* and *The Century*, have devoted much of their advertising space to patent medicines and quack professional cards. As the exponents of the culture they represent and the educational purposes they serve, their advertisements, it may be taken for granted, afford a correct index as to the intelligence of their readers, whom it is safe to presume are governed by the medical advice of the able editors.

Among the numerous nostrums largely billed and illustrated may be taken, as an example, a preparation known as "Recamier Cream," a thing that Adelina Patti Nicolini—she of two or three husband fame—and other women of similar moral character cry after; even that much manned old French frigate, Sarah Bernhardt, weeps for joy when she pastes this delightful bichloride preparation on her pimpled cheek and fires off a broadside of bad French eulogy. Perhaps, after all, one should not criticise the motives of the intelligent editors of *Harper's* and *Scribner's* great moral engines for the dissemination of knowledge; these journals are always willing to sell and prostitute their columns for any enterprise, *providing the advertiser pays well*; that is their business, not ours, but when these journals endeavor to pose before thinking people as public reformers, with high ideas regarding moral ethics, one glance at their advertising columns is sufficient to show their hypocrisy and fraud.

It was Rasselas, Prince of Abyssinia, who exclaimed: "Ye who listen with credulity to the whispers of fancy, and pursue with eagerness the phantoms of hope, who expect that age will perform the promises of youth and the deficiencies of the present day will be supplied by to-morrow, listen to the story of Rasselas." This story may be found fully set forth in the advertising of Recamier's "Cream" and a preparation known as "Vita Nuova," for artistic lying the writer of these cards could give Ananias

points and then treble discount him. In order to do this, however, it is necessary to invoke the aid of the popular actress of ill repute and the talented preacher of God's holy word—a strange combination, forsooth, but one that always hits that most easily gulled of all human beings, the so-called *bright* American, the principal patron and worshipper of humbuggery—for in America religion and the stage, with patent medicine, wander together hand in hand, seeking to delude the dear people, who are a fair prey for an average impostor. Pick up any religious of temperance paper in the country, and there you will find the "Bitters" that contain alcohol, and the "Opium Antidote" that is saturated with morphine. Without such "ads." theological journals would not thrive in the United States; and this tendency to perpetuate fraud through unscrupulous journalism has now extended like a pestilence to the lay journals of the land. The mischief wrought by these foul destroyers of soul, mind and body is incalculable; they are corrupters of morality, the insidious iconoclasts of public virtue, and the paid agents of vice; the price of the "ad." soothes each drowsy conscience in a lard where the struggle is for wealth, no matter how close the victim grazes the penitentiary bars in the pursuit of gain. The religious journals of the country have for years been the panderers to the vendors of abortive remedies; Christ is crucified in one column and pennyroyal and cotton-root pills praised on the opposite page. It is no wonder that physicians, year by year, are evidencing a wider tendency to denounce religious and so-called moral journalism. The most sensational morning journal in the country would modestly shrink from publishing the filthy "ads." found in some of the religious weeklies of the United States, where the "retired clergyman, ruined by early indiscretions, etc.," publishes his cards with the holy address of "Bible House," New York. If Anthony Comstock would turn his eyes on the columns of a few of the New York church journals he would see ten times worse matter than ornaments the columns of the *Police Gazette*, which is



respectable and decent by comparison.

In the last number of *Harper's Monthly*, among the numerous religious endorsements appended to a single nostrum largely advertised, we extract the following as samples of the more modest letters of endorsement to a variety of *adulterated alcohol*.

ST. GEORGE'S CHAPEL,  
CHURCH OF THE REFORMATION,  
130 SCRANTON ST., N. Y. }

Dear Madam:—For some months I have been using your "Vita Nuova" among our poor and sick with excellent results, but buying at retail makes it rather expensive for charity work, although we never buy less than one-half dozen bottles at a time. Will you supply this Mission Chapel direct from your manufactory at wholesale rates for such small purchases as a dozen bottles at an order?

Yours truly,  
S. SCADDING, Minister-in-charge.

Here we see a clerical "*Bitters Vender*" spreading alcoholism among the poor of his parish. We commend this noble-spirited clerical philanthropist to the tender care of his Bishop.

Again, we have the following card:

NEW YORK, August 16, 1888.

Having tried your "Vita Nuova" with perfect satisfaction, we cheerfully recommend its use to all persons suffering from the ills mentioned in your Danger Signals. Wishing you God's blessing, Yours ever gratefully,

Little Sisters of the Poor,  
SR. MELANIE.

God's blessing invoked by the "Little Sisters of the Poor" will no doubt prove all-powerful for "Vita Nuova." We trust that the Cardinal of New York will see that his female religious followers do not peddle out ergotin pills to the members of his congregation.

Again, we have the card of a popular Protestant theologian:

LAKE GENEVA, WIS., June 23, 1887.

You and I have so long been personal friends that I am almost afraid that my regard for you helps make your "Vita Nuova" better than other medicines. It finds in my organism an enemy that has "held the fort" for thirty years, but it has already brought me peace and hope. It has great merits as a help to nature. I am glad that it is not a magical compound, nor the juice of some plant found in the heart of Africa by some heaven-guided tramp, but is wholly rational and scientific. With kindest wishes, Your friend,

DAVID SWING.

The "enemy that holds the fort" in Swing's case may be malarial, constitutional, or otherwise. "David" has evidently got the religious jimjams from reading Rider Haggard's South African novels. Still, if it brings "David" "peace and hope" one should not complain. We suggest to all these *goody-good* people that whiskey straight is more potent than any of the protean forms of "Bitters" now held up to the public gaze by the highly intelligent clergy of the United States through their religious journals.

It seems to be a popular belief that the regular medical profession objects to patent medicine because it interferes with their practice; such is not the case, for these nostrums are largely responsible for the Bright's disease and bladder troubles of this country. Every dozen bottles of patent medicine sold over the druggist's counter makes a patient for the doctor. It is not difficult to cure disease oftentimes, but the present epidemic of patent medicine dainphoolery, nurtured and fostered in the interests of the various churches of America, should be restrained. If clergymen desire respect for their calling they should preach what they practice. The "Bitters" in the study closet, while an aid to preparing the usual dull Sunday sermon, have enough alcohol in them to induce clerical cirrhosis of the liver, or theological brain softening, which seems to be a common complaint just at the present period. —*Cincinnati Lancet-Clinic*.

THE MICROBE OF MALARIA.—At a recent meeting of the Academy of Sciences Professor Bouchard presented, in the name of Professor Laveran of Val de Grace, a memoir on the parasite of impaludism. The parasite brought to notice by the author in 1879 is considered as being incontestably that which produces intermittent fever. Everywhere where cases of fever were examined the same organism was found, and that not only in France, but also in Germany, in Italy, in Russia, in Algiers, in Madagascar, etc. M. Bouchard, therefore, considers it as demonstrated that intermittent fever is due to the parasite discovered by Dr. Laveran.—*Lancet*.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, FEBRUARY 16, 1889.

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As the subscription of the Maryland Medical Journal to a large number of its subscribers begins at this time, bills will be mailed to those subscribers, who are respectfully requested as far as possible to remit promptly.

Editorial.

A SIMPLE METHOD FOR VIEWING THE INTERIOR OF THE EYE.—In the *Berlin. Klin. Woch.*, Nos. 50 and 52, 1888, a very interesting discussion is given of an article on "A New Method of Ophthalmoscopic Examination," read by Dr. Bellarminoff at the Berlin Medical Society and printed in No. 49 of the above journal. Dr. Bellarminoff shows that, if the eye be treated with cocaine, and a dry glass plate 6—10 mm. in diameter, with parallel plane surfaces be placed upon the cornea and carefully pressed against it, the fundus of the eye may be inspected with great facility, because the fluid from the surface of the cornea fills the space between the glass plate and the cornea, so that the effect upon the light rays of the curvature of the cornea is counteracted. In day light a plane mirror may be used. With a dilated pupil, especially in animals (as cats or horses) the fundus may be observed by diffused daylight. At night a lamp with reflector or condensation lens is sufficient. A

common mirror may be used, and it is not necessary that it shall have a central opening. The fundus thus illuminated, is at the ordinary reading distance, visible as an upright image not only to the investigator but to two or three persons standing beside him, gazing with both eyes at the eye of the patient. The image thus seen is not much enlarged. A larger field, however, is obtained. The method does not cause symptoms of irritation in the eye inspected. It is not impossible that the study of the chamber, iris, lens and vitreous may be advanced by this method. He thinks it may be useful in examination of the eyes of the insane, of children, of patients who cannot sit up, and of animals. It seems that this method which Dr. Bellarminoff advances is essentially new and is worthy of further study. At the discussion of his paper one week after it was read, Dr. Uthorff said he had tried it during the week, and although it was unpleasant to the patients, and not so convenient as the ordinary examination with the ophthalmoscope, he thought the wider field which it gave and the opportunity which it afforded for binocular vision were enough to ensure for it further trial.

Correspondence.

HOW TO PRESERVE URINARY CASTS.

BALTIMORE, February, 6, 1889.

Editor Maryland Medical Journal :

DEAR DOCTOR :

In looking over your "Notes on Urinary Analysis," I find a doubt expressed as to the ability to preserve urinary casts, epithelium, etc. Several years ago, Dr. Henry Froehling informed me that salicylic acid would have the desired effect, and my experience has verified his statement. I have slides of urine, containing the different casts, blood, epithelium, etc., that were mounted ten or more years ago, and they are in as good condition as when first prepared. There are two formulæ used, one with glycerine, the other with acetate of potassium. I pre-



fer the former. The latter grows dark with age, and throws down a precipitate. I have a bottle of each that I prepared eight years ago. I give you a formula for each which you are at liberty to publish. Should any of your readers make use of them, I should like to hear the results obtained. The urine may be preserved in bottles, and used when desired, or the moist mounts may be made, finished in the usual manner and preserved in the cabinet. Should any gentlemen desire to examine these mounts, it will give me great pleasure to show them.

Take of Salicylic acid, 2 parts,  
Borax 1 part,

Add sufficient glycerine to dissolve.

Add three (3) parts water for coarse organisms, five (5) parts water for fine.

It is needless to say that all water used for microscopic purposes should be *distilled* water.

No. 2, take of a saturated solution of acetate of potassium, one part, water sixteen (16) parts; mix and add salicylic acid to saturation.

Dr. James Tyson says "a pinch of salicylic acid will preserve four ounces of urine." *Philadelphia Medical Times*, 5-20-82, page 571.

Dr. J. G. Richardson says "equal *bulk* of dry acetate of potassium added to urine will preserve casts." Same, page 558.

I have been informed that Dr. Gray, of Richmond, Va., preserves urine by adding a few (2) grains of chloral to each ounce.

Yours truly,  
CHAS. H. COCKEY, M. D.,  
No. 210 N. Gilmer Street.

### Miscellany.

THE ESTIMATION OF ALBUMEN IN URINE.—A. Christensen of Copenhagen describes a new method for the rapid estimation of the amount of albumen in urine, which he claims to be more accurate than Esbach's method (*Virch. Arch.*, 115, Hft. 1). The latter plan consisting merely in the complete precipitation of the albumen by picric acid

and the use of a tube so graduated that the depth of the deposit at the end of twenty-four hours indicates so many grammes of albumen per litre of urine, was found by Christensen and Mygge to be very variable in its results when compared with those of coagulation by heat and nitric acid, the variability being in part accounted for by the influence of very slight changes in temperature and the extent to which the precipitated albumen would "settle." The proposal of M. Christensen consists in the use of tannic acid as the precipitant, and the suspension of the precipitate by the addition to the urine of mucilage. This mixture is then, after being diluted with water, poured into a vessel of a certain capacity, which is placed over a white surface on which black lines are drawn. The amount of the "emulsified" urine necessary to obscure the lines will be in inverse ratio to the quantity of albumen in the urine—a quantity easily estimated by the employment of a suitably graduated burette. The principal is the same as that introduced by Panum for the determination of the quantity of cream in milk, and can no doubt be readily made available for clinical work. The results obtained by this method in many cases are given by M. Christensen, and compared with similar results by M. Mygge and with estimations by coagulation. So far as can be gathered from the tables given, the advantage of this plan over that of Esbach (a far simpler method) does not seem very great. Neither plan is quite accurate,—*Lancet*.

AN OLD BOOK ON EYE DISEASES.—Dr. Swanzy has recently presented to the Library of the Ophthalmological Society a copy of George Bartisch's *Augendienst*. This rare and curious book, printed in 1583, is probably the oldest genuine treatise on diseases of the eye in existence. It is in excellent preservation, and bound in a parchment cover, on which is some music, which, we imagine, would itself be of interest to the antiquarian. Besides a long preface, the volume contains over five hundred pages of closely printed matter, and a large num-

ber of most interesting and curious plates. The chapter on cataract is very elaborate. The fact is duly insisted upon that all cases are not fitted for operative treatment, and a caution is given against permitting quacks (*Zahnbrecher und Theriacksleute*) to meddle with such cases. The operation of depression is fully described, and illustrations are given of the needle employed. Of course much importance is attached to different dressings, eye salves and lotions, and a large part of the book is occupied with very elaborate prescriptions. A careful study of this work would probably show that, at any rate in Germany, knowledge of diseases of the eye was more advanced at the end of the sixteenth century than is generally supposed. The ophthalmological Society is to be congratulated on becoming possessed of this most valuable work, which could not have been placed in more appropriate custody.—*British Medical Journal*.

#### STROPHANTHUS AND STROPHANTHINE.—

In continuation of the discussion at the Academy of Medicine on the relative properties of strophanthus and strophanthine in respect to the treatment of cardiac affections, M. Constantin Paul said that he had not for strophanthus the enthusiasm professed by MM. Germain Sée and Bucquoy. He, however, believed that strophanthus was a good medicament of the second order, and was far superior to certain medicaments, such as caffeine, the adonis vernalis, or sparteine, so much vaunted in these latter years. M. Constantin Paul added certain remarks on the latent maladies of the heart referred to by Professor Sée. He did not believe in diseases of the heart absolutely latent; in these cases there was at least what is termed "the dyspnœa of effort;" on the contrary, certain cardiac lesions might remain latent—such, at least, as certain congenital lesions and certain defects in the conformation of the pulmonary artery. Dr. Dujardin-Beaumetz criticised the further conclusions of Professor Sée, who brought forward certain statistics in support of his argument; but in doing this he pointed out the little value of such statis-

tics as far as cardiac affections are concerned. At the commencement, he said, these may be cured, but when the disease is very much advanced all medicines fail, as the cardiac muscles do not contract.—*Lancet*.

A BULLET IN THE CHEST FOR THIRTEEN YEARS.—Dr. C. R. Macdonald recently removed a rifle bullet from a man which had been in the chest for thirteen years. The case is chiefly remarkable from the fact that the bullet had remained in the pleural cavity for so long a time without setting up pleurisy. It entered the back of the shoulder immediately below the spine of the scapula, and probably entered the pleural cavity by penetrating the intercostal muscles. The operation was performed with antiseptic precautions, and the wound soon healed. A splinter had been removed from the wound of entrance some months after the accident, which occurred to the man whilst marking at a rifle range in Berlin. The bullet had gravitated to the lower part of the chest.—*Lancet*.

#### SUPPOSITORIES FOR CYSTITIS.—

R<sub>y</sub>—Iodoform . . . 1½ grains.

Extr. of hyoscyamus 1 grain.

Cocoa-butter . . 45 grains.—M.

Make one suppository and introduce high up into the rectum.

The bladder should be washed morning and evening with lukewarm water. If there be any urethral irritation, a pill containing 1½ grains of terpin should also be taken morning and evening.—*Journal de Médecine*, January 6, 1889.—*Med. News*.

#### CREOLIN IN OPHTHALMOLOGY.—Dr. O.

Purtscher, of Klagenfurt, gives in the *Centralbl. f. pr. Augenheilk.* his results obtained with creolin in the treatment of diseases of the eye. A one per cent. solution dropped on the conjunctiva of a normal eye produces a sensation of severe burning, which results in the eyelids being closely pressed together.

This, however, is only momentary, the lids are soon reopened and large tears flow forth. After three or four minutes the irritation will have subsided entirely, save for a slight conjunctival irritation, which also soon passes off. Hence the



author recommends the use of cocaine before the application of creolin.

1st. In simple conjunctivitis, the results, as a rule, were good, especially in congestive catarrh, and in those forms complicated with inflammation of the corneal margin.

2nd. In conjunctivitis phlyctenulosa, the combined results of creolin with cocaine were admirable, especially in photophobia and serofulous blepharospasmus.

3d. Success was most marked in the papillary form of trachoma, the author having never seen such marked resolution of the papillæ from caustic treatment, as from that by creolin.

4th. In blennorrhœa of the lachrymal passages, improvement was observed in many cases.

5th. In all forms of keratitis with ulceration the deep ulcers healed rapidly; also ulcers with small hypopium stood the creolin treatment admirably.

6th. In parenchymatous keratitis the vascular growth was speedily arrested.

The author concludes that creolin is a powerful and valuable antiseptic, and at times to be preferred to the sublimate. It possesses another advantage in being nonpoisonous, a fact which has lately been demonstrated by Dr. Eisenberg.—*Centralbl. f. d. ges. Therapie*, January, 1889.—*Medical News*.

A CASE OF CREOLIN POISONING.—Dr. Cramer reports the following: a five year old boy, upon whom he had operated for an inguinal hernia, was ordered applications of ganze saturated with a two per cent. creolin solution, the same antiseptic solution having been used during the operation. Everything went on satisfactorily, no fever set in, the urine continued clear for three days after the operation; in fact, the general condition was excellent. On the evening of the third day, Dr Cramer was called to the patient's bedside to treat, what seemed to the parents, to be scarlet fever. He found the entire body including the face and hands, covered with an exanthem resembling scarlet fever; the little patient appeared extremely restless, comp'ained

of great thirst, and of an itching and burning of the skin; temperature was normal, pulse somewhat rapid and small. The urine had a strong carbolic acid odor, as well as the characteristic carbolic acid color.

Dr. Cramer immediately replaced the creolin applications by a three per cent. boric acid solution and administered internally large quantities of seltzer water in order to facilitate the elimination of the creolin through the kidneys. The exanthem lasted until the following morning when it disappeared; but the urine remained dark until the following evening. The boy made a complete recovery.—*Therap. Monatshefte. Med. News*.

A NEW INFECTIOUS DISEASE.—Dr. Guido Bordoni Uffreduzzi has described (*Zeitsch. für Hygiene*, Bd. III.) a new infectious disease which affects man and some of the lower animals. It runs an acute fatal course, and resembles a form of septicæmia. Uffreduzzi thinks it identical perhaps with the disease known as "Haderkrankheit." Two cases only have been observed. At the autopsies there was found in one case a hemorrhagic infiltration of the bronchial mucous membrane, and of the bronchial and mesenteric glands; in the other case there was a very intense hemorrhagic intestinal catarrh. Bacilli were found in the blood and organs. These were carefully cultivated in the bacteriological laboratory at Turin, and the differential characters established. The organism, to which the name *proteus hominis capsulatus* is given, was inoculated in lower animals, and its pathogenic powers established. The distinctive character of the new disease is thus based upon bacteriological grounds. Symptomatically it appears to resemble a severe type of septicæmia or malignant carbuncle. We can only trust that the *proteus hominis capsulatus* is "a scanty sort of water-beast" that does not wander beyond the limits of Turin.—*Med. Record*.

PITTSBURG DOCTORS MUST WAKE UP.—"There are no human beings on the face of the earth to-day that have less

real knowledge of their own business than the doctors. Beyond a few well-known diseases which anyone can master, they are not a whit wiser than anybody else. That the doctors will have to wake up is quite plain to see. People read so much nowadays that some have even more information on the newest things in medicine than the doctors themselves."—*Pittsburg Leader*, December 9th.

IS THE TASTE IN THE MOUTH?—Is it not a little singular that physicians will persist in speaking of the taste in the mouth? A patient was asked the other day if she had a bitter taste in her mouth in the morning. She naïvely replied that when she had a bitter taste it was always in her mouth. That is the only end of the alimentary tract that we know of in which the sense of taste resides.—*Medical Age*.

If our contemporary will be so particular, we may perhaps venture to remind him that, if one comes down to a minute analysis, the taste is not in the mouth in reality at all, but is in the gray matter of the uncinate gyrus. The idea that the taste is in the mouth is simply due to the eccentric projection of the secretion according to the laws of physio-psychology. We trust that he will make proper explanations to the lady.—*Med. Record*.

SEPTIC POISONING IN EARLY LIFE.—The extreme susceptibility to septic infection manifested in early life had long been recognized by those called upon to treat the diseases of children. A division of the cases was made into septic poisoning which occurred in the newly born, and that seen in older infants and young children. Infection might even take place before birth by the passage of septic matter from the mother to the fœtus through the medium of the placenta. In such cases the infant might be born dead, or die soon after birth.

After birth the chief vulnerable point for the entrance of septic poison was the umbilicus. Dr. J. Lewis Smith, the author said, had divided these cases into two classes: Those in which the poison

entered the system through an umbilical sore and was conveyed by the lymphatics, and those in which it entered by the umbilical vein. When the accident took place there was more or less oozing of fluid from the point of entrance, soon followed by evidence of pleurisy, peritonitis, and other results of such infection. An illustrative case was cited in which the infant was born healthy, but the mother contracted septicæmia, and five days after birth the infant showed erysipelas upon the body, followed soon by death. The autopsy showed peritonitis, pus in the liver, none in the umbilical vein, greatest amount of inflammatory process at the navel. A simple abrasion elsewhere on the body might be the seat of entrance for the poison. The abrasion might be caused by the forceps. In one of his cases the infant on the sixth day showed erysipelas, commencing at the vulva. General septic poisoning followed, with inflammation of the serous membranes and death. In fact, the genitals became, after birth, the most vulnerable point for the entrance of the septic poison. As the infant grew older the upper part of the body, particularly the scalp and mouth, not infrequently became the seat of invasion. The cells, by their inherent vitality, could dispose of and destroy a certain number of the invading germs, but if the germs were produced in too great number the poison found its way into the general system producing septicæmia. Not infrequently the infection took place from ulcers of the scalp caused by the presence of pediculi and scratching. The author cited a case in which swelling and ulceration of the glands of the neck and some septic symptoms in a girl, aged seven, apparently owed their development, in the first place, to headlice. Cleanliness effected a cure.

The mouth would seem to be a particularly favorable place for bacterial development. Aphthous patches, when they formed small ulcers, were favorable for the entrance of septic matter. The pain and distress, together with constitutional symptoms, attending many cases of stomatitis could hardly be explained by simple inflammation of the mucous



membrane, but neighboring tissues being infiltrated by septic matter would satisfactorily account for the disturbance. Many cases of septic disturbance in the mouth had their origin in carious teeth.

Other sources of septic poisoning were in nasal catarrh, otitis media purulenta, etc. He believed many cases of so-called scrofulous diathesis were cases of constitutional poisoning, the poison entering at some lesion which had been overlooked. Infection of the general system might not take place at once, but after a time the local lymphatics became unable to dispose of the germs and general infection resulted. The intestinal tract might be the entrance for the poison, and he believed a common entrance was in the air-passages, which were constantly exposed to septic influences in the foul air of close tenement-quarters. The symptoms here were different from those seen in malaria from marsh miasm, although the diagnosis of malaria was common.

The treatment was preventive, local, and constitutional. Cleanliness was of special importance. The cord in the newly born should receive the dry dressing, to hasten mummification. One should search for lesions and heal them by approved methods of treatment.—*Dr. Henry Dwight Chapin, in Trans. Med. Soc. of the County of New York.—Med. Rec.*

**OPHTHALMIA NEONATORUM.**—*Dr. Y. Sant'Anna*, in a paper read before the Society of Medicine and Surgery of Rio de Janeiro on the subject of ophthalmia neonatorum, expressed a very strong opinion that this affection never occurs except under circumstances where gonococci are present in the maternal passages. He prefers Credé's prophylactic method of dropping a solution of nitrate of silver into the eyes as soon as the child is born, to Gusserow's plan of antiseptic vaginal injections. He would employ the illustrations in all cases where the woman is suspected of being a loose character, in multiparæ where the former children have suffered with ophthalmia, where the woman belongs to the very lowest classes, and where the father has

had gonorrhœa. In the course of his paper, *Dr. Sant'Anna* mentioned that in the maternity clinic connected with the Faculty of Medicine in Rio de Janeiro no less than 12 per cent. of the children born were affected with purulent ophthalmia. Notwithstanding his preference for the nitrate of silver prophylactic treatment, he would not use it in all cases indiscriminately, having, as he believed, found that sometimes it was of itself capable of setting up a very undesirable amount of inflammation. As may be supposed, *Dr. Sant'Anna's* views were pretty severely criticised by some of his auditors, who brought forward cases in which ophthalmia neonatorum had occurred where it was impossible that gonococci should have been present in the maternal passages. Again, it was not generally conceded that the instillation of nitrate of silver could ever produce any undesirable effect.—*Lancet.*

**ALBUMINURIA AND YELLOW FEVER.**—*Dr. Emilio Martinez*, writing in the *Revista de Ciencias Medicas*, of Havana, on albuminuria in yellow fever, gives it as the result of his experience that the usual recommendation to judge of the gravity of the disease by the amount of albuminuria is untrustworthy, as he has met with cases, of one of which he gives details, where the amount of albuminuria was very considerable, even though the disease ran an exceptionally mild course. In the case in question it appeared as if the poison confined its virulence almost entirely to the kidneys, the liver and other organs being but very slightly affected. A much more important point than the amount of albumen is, in *Dr. Martinez's* opinion, the amount of urea excreted per diem. This forms a guide to the activity to the oxygenating processes which are going on in the body. If these latter are retarded by the disease the amount of urea is very sensibly diminished. Its quantity thus stands in an inverse ratio to the gravity of the disease, and in this way forms a fairly reliable guide in prognosis.

**SACCHARIN.**—The future position of saccharin continues to afford matter for debate. A Belgian committee has reported favorably upon its innocuous properties, while in a recent leading article in *The Times* its great claim to sweetness was spoken of somewhat doubtfully, the writer much preferring the taste of sugar. Meanwhile Professor Attfeld, one of the editors of the last edition of the British Pharmacopœia, has been busily estimating the place of saccharin in pharmacy, and he has published some thirty Galenical formulæ in which saccharin replaces sugar, either, without altering the strength of the preparation in any way, or else so modifying it that the saccharinated compound may be termed "concentrated." In the former case, the place of syrup is taken by powdered tragacanth, or, in special instances, by gluten. Professor Attfeld regards the advantages of saccharin as fourfold. It enables many medicinal confections, powders and lozenges to be given in comparatively small bulk. It is able by the intensity of its sweetness to mask the nauseous taste of many drugs. It is not liable to ferment, and hence will yield permanent preparations in place of those made with sugar, which would frequently spoil, especially if submitted to high temperature in transport. Lastly the advantage of being "sweet, but not harmfully sweet," is once more urged. The slight solubility of saccharin has so often been remarked upon that good service is rendered by the description of a form of "soluble saccharin" and by the formula for a simple solution of saccharin of the same degree of sweetness as the syrupus of the British Pharmacopœia. The nomenclature adopted for the various formulæ is admittedly open to serious objection, owing to the confusion likely to arise between *saccharinum* and *saccharum*. This source of error appears now almost unavoidable: it is too late to discuss the appropriateness of *glukusin* or of *neo-saccharin* when the term by which this substance was first introduced has passed into common use.—*Lancet*.

**CHARGE OF NEGLIGENT OPERATING.**—A striking example of the way in which medical men in Russia sometimes bring charges against their professional brethren has recently been published, and is attracting some attention. An unmarried woman was attended by Dr. Khatskelevich, who performed Cæsarean section, the woman dying thirty-six hours afterwards, while the child lived. Dr. Khatskelevich was prosecuted on the charge that he performed the operation needlessly, unskilfully, without consultation with another medical man, and without sufficient assistance. This charge was supported by the report of five medical men, who were deputed to make a post-mortem examination, at which apparently no representative of the defendant was present. The opinion signed by the five medical men was as follows:—"1. The labor might have been terminated by the natural passages either by forceps or by turning. 2. There was no indication for the performance of Cæsarean section, as carcinoma could not have been diagnosed microscopically. 3. The slight carcinomatous induration found with the microscope presented no indication for the Cæsarean section. 4. The operation should have been performed in ten or fifteen minutes (whereas it was alleged to have taken two hours). 5. At least three assistants were requisit. 6. The woman died in consequence of considerable internal hæmorrhage, due to insufficient preparation and the prolonged operation." It was alleged that much time was lost through fresh sutures and forgotten instruments having to be sent for. The reply of the defendant to these charges was that he had attended the patient before her hæmorrhage due to cancer of the cervix, and that when labor came on the cervix refused to dilate. He waited for three days, hoping that it would do so. As, however, the patient's condition was then very low, and as some foul fluid began to be discharged, he determined to try at least to save the life of the child by operating. While he was at home getting things ready, word was brought to him that the woman was dying, so he made as much haste as he could, and as a doctor he had



sent for was out he had to content himself with two dressers to help him. No chloroform was needed, as the patient was unconscious.

He believed death to have been due to gangrene of the lower part of the uterus. Several professors and experts were called on for reports, and they did not hesitate to criticise the unsatisfactory report of the post-mortem examination signed by the five medical men. Their conclusion was that under no circumstances could the woman's life have been saved. The prosecuting counsel demurred to that view, and claimed £100 damages for the benefit of the two children left by the deceased. The matter appears to be still unsettled. It points, however, a very strong warning to medical men to be exceedingly cautious in bringing charges of negligence against a professional brother.—*Lancet*.

**TO BLISTER THE SKIN QUICKLY.**—Into a watch-glass, pill-box, or any similar small receptacle, pour ten drops of concentrated water of ammonia (aqua ammonia fortior); cover the liquid with a bit of linen or a little cotton-wool, and at once apply the cup upon the skin where the blister is required. Press so that the vapor is confined to the inside of the vessel. A red circle will directly be observed outside, when it will be certain vesication has taken place. Half a minute or so is all the time required to obtain the result. The blister may be dressed in the usual manner of dealing with a blister from cantharides. Acetic acid, concentrated, applied to the skin, will also in a few minutes produce vesication. In such cases evaporation should be prevented by some suitable covering. Bibulous paper slightly wetted with a little of the ethereal extract of cantharides, instantly applied to the skin and covered with a piece of adhesive plaster, will answer for the same purpose.—*Med. Record*.

**THE PHYSICIAN'S CARE OF HIS HANDS.**—Dr. George Meyer, of Berlin, writes (*Berliner klin. med. Woch.*, Jan. 14, 1889) that in these days when the physician is compelled to wash his hands fre-

quently with disinfectants, they soon get into a deplorable condition. Redness, eczema, and small abrasions of the skin, the consequences of the frequent washing and brushing with antiseptics, are at times so annoying that in order to gain relief, temporary abstinence from the use of antiseptics seems the only remedy. Many methods have been resorted to, to render the hands soft and smooth; but one special method recommended to the author by Professor Liebreich seems especially worth mentioning.

After having washed the hands with soap, and thoroughly dried them, apply a small amount of lanolin; rub this over the entire hand, and remove *any surplus with a dry towel*. A small amount of perfume will render the preparation more acceptable. Thus, the following is very good:

R<sub>y</sub>—Lanolin . . . 500 parts.  
Vanilla . . . 1 part.  
Oil of roses . . . 2 parts.—M.

Or

R<sub>y</sub>—Lanolin . . . 1000 parts.  
Liquid paraffin . . . 250 parts.  
Vanilla . . . 1 part.  
Oil of roses . . . 2 parts.—M.

For the busy practitioner, such an ointment put up in metal capsules, like oil-paints, would be very useful. The author states that for years he suffered from lobster-red hands, which chapped as soon as the cold weather set in. Since using lanolin his hands have become white and smooth. He has recommended this remedy with similar benefit to actresses whose faces suffered from the application of cosmetics.

The *Archives de pharmacie* gives the following formula for lanolin cream:

R<sub>y</sub>—Lanolin . . . 5 parts.  
Sweet oil of almonds . . . 5 "  
Precipitated sulphur . . . 5 "  
Oxide of zinc . . . 2½ "  
Extract of violets . . . 5 "  
Extract of alkanna } 9½ " —M.  
(to give a rose color)

—*Med. News*.

**ACTION OF ERGOT ON THE UTERUS.**—Dr. Lombe Atthill, in a communication published in the *Dublin Journal of*

*Medical Science*, Dec. 1, 1888, says of ergot that it is most uncertain in its action and in its effects. In some cases it causes pain, and when it does it always, he thinks, lessens hemorrhage from the uterus, the pain being evidently due to clonic contraction of the muscular fibres. But sometimes the same dose of the same preparation which caused pain previously, does not do so on another occasion, though apparently no change as taken place in the patient's condition. Dr. Athill thinks that ergot will induce clonic contraction of the uterine fibres unless something acting as a foreign body is present in it. The mere presence of a foreign body is not sufficient; it must be acting. Pedunculated polypi he says, are commonly enough met with in the uterus, but their expulsion by painful uterine action is quite rare, and it is most likely that the seat of the tumor is the main element of its tendency to excite uterine action. The portion of the uterus between the entrance of the Fallopian tubes is the sensitive portion of the organ, and, in his opinion, it is necessary for a tumor to be situated there for it to act as a foreign body.

He regards it as very doubtful if ergot ever originates clonic contractions of the uterus during pregnancy, unless the organ is prepared by some pre-existing cause to expel its contents. When engaged formerly in midwifery practice he was in the habit of frequently prescribing ergot as a preventive to *post-partum* hemorrhage, commencing its administration a week or ten days before the expected advent of labor, and he says he has never once had reason to suppose that it hastened that event; on the contrary, in several instances the period of utero-gestation seemed to be lengthened. In like manner, in cases of a threatened abortion, he has seen the hemorrhage checked and pregnancy proceed normally under the administration of ergot; it seemed, indeed to act as a uterine tonic, if such an expression be admissible. In others, and perhaps the majority, it seemed to produce no effect at all; in a few it produced clonic spasms, but in these there was always reason to think that the ovum was already blighted. In cases of uterine fibroids, he says, ergot

will, in general be found to act most beneficially in lessening hemorrhage when the tumor is embedded in the muscular tissue, and as thinning of the wall takes place, and as the tumor consequently comes in closer contact with the uterine mucous membrane, the result of its administration will be less satisfactory; but in all cases much will depend on the preparation used and its freshness.—*Med. and Surg. Reporter*.

**AN AGGRESSIVE SOCIETY.**—We learn from the daily press that the Erie County Medical Society has decided to proceed against all persons practising in Buffalo who are not members of one of the county medical societies. The movement is directly aimed against the various institutes which have been established in the city within the last few years. There is also some talk of proceedings against the Christian science and faith cure practitioners. It is estimated that an effort will be made to change the existing law so that they can be reached. As they give no medicine, they cannot be prosecuted for illegal practice, but the Chairman of the Board of Censors thinks they can be reached another way. He says: "I believe those Christian scientists have an institute here and gave diplomas, and obtain much money. I think they can be prosecuted under the law regulating colleges, or for obtaining money under false pretences."—*Med. Record*.

**BY WHOM SHOULD ONE BE VACCINATED.**—The operation of vaccination should be performed always by a competent and responsible physician, or by some one whom he has instructed and recommends to perform the operation. To try to vaccinate one's self or one's family is poor economy, for it often results not only in a waste of money and of time but in a false and dangerous feeling of security. To trust to vaccination by nurses and midwives is equally foolish. A well-educated and experienced physician has the skill, and the special knowledge necessary to the best judgment on all of the questions involved, without which the operation may be a failure or worse than a failure.—*From Rep. Mich. State Board of Health*.



### Medical Items.

Mrs. Amelie Rives-Chanler is reported to have offered a prize of \$100 for the best essay on child-labor.

The death has been announced of Dr. Hermann von Myer, Professor of Anatomy in Zurich, at the age of seventy-four.

Dr. Worm-Müller, Professor of Medicine, and head of the Physiological Institute in Christiania, has just died.

There are four medical colleges in the United States for women, Chicago, New York, Philadelphia and Baltimore each claiming one.

A new medical Directory of the Physicians of the United States, will soon be issued by R. L. Polk & Co., of this city.

Dr. S. K. Merrick was married on Thursday, February 7th, 1889, to Miss Mary Charlton Graff, daughter of Mr. E. Beatty Graff all of this city.

The extensive warehouse and factory of John Wyeth and Brother of Philadelphia, were almost entirely destroyed by fire last Sunday.

Dr. T. William White has been elected professor of clinical surgery and Dr. John Guiteras professor of pathology and morbid anatomy in the University of Pennsylvania.

In order to obtain the beneficial effects of antipyrine when taken for the relief of headache, the patient should remain quiet at least half an hour after the administration of the dose.

To preserve ice from melting quickly in the sick-room, Dr. Julius Stumphf recommends putting it in a bag, and then in a box containing enough barley-chaff to cover it five or six inches deep. In this way it can be preserved for several days.

Dr. H. H. Rusby, of Columbia College, New York, one of the most distinguished Medical Botanists of this country: delivered a Lecture on "Drug Collecting as an Art," at the Maryland College of Pharmacy, last Thursday evening.

The Salt Lake City Council has recently ordered that all physicians practising in that city shall pay a license tax. The Salt Lake Medical Society has protested strongly against the imposition of the tax, but thus far apparently without success.

The *Western Medical Reporter*, December 1888, says that in a recent suit the Supreme Court of Indiana decided that unless damages are collected during the lifetime of the physician, they cannot be collected. No action for damages in a mal-practice suit can be maintained after the death of the party sued.

The largest medical society in Germany is the Berliner Medicinischer Gesellschaft, which now has seven hundred and thirty-six

members. At its recent annual meeting, on January 9th, Professor Virchow announced that the New York Medical Society had contributed the sum of 1,000 marks to the Langenbeck memorial fund.

The North American Practitioner is the name of a new monthly published as the Journal of the Post-Graduate Medical School of Chicago. All articles used are liberally paid for. Bayard Holmes, M. D. and Junius C. Hoag, M. D., are the editors assisted by a large corps of collaborators. Charles Truax & Co., are the publishers. The price is \$1 a year.

The *Medical Record* enumerates, in the order indicated, the twenty-five most important drugs in medicine, which to its mind represent "the soul of the pharmacopœia:" 1, opium; 2, mercury; 3, iodides; 4, quinine; 5, chloroform; 6, ether; 7, sulphate of magnesia; 8, salicylic acid; 9, aloes; 10, alcohol; 11, bromides; 12, iron; 13, chloral; 14, castor oil; 15, digitalis; 16, arsenic; 17, colchicum; 18, ipecac; 19, aconite; 20, strychnia; 21, cocaine; 22, ergot; 23, bicarbonate of potash; 24, mineral acids; 25, nitrites.

The *Columbus Medical Journal* says that a druggist in Columbus has been sued for damages, by a man whom he treated for gonorrhœa. The man used the druggist's medicine, but suffered from a severe attack of epididymitis. Hence the suit. Besides the druggist has been bound over to the grand jury on the criminal charge of practising without a diploma. The druggists are said to be moving to abolish the present law so that there may be no obstacle to counter prescribing.

A writer in the *Fortnightly Review* denies the immorality of cannibalism, and thinks that a good way to dispose of the defective, aged, and dependent classes would be to eat them. The expense of burial would not only be saved, but there would be an immediate and important contribution to our food-supply. This idea was fully set forth by an American writer some years ago, who showed that cannibals were, as rule, a high type of the savage, and that their diet had a scientific and economic basis of justification.

Under the title of "The British and American Continental Medical Society," or some similar title, it is proposed to form a society of British subjects and American citizens who are engaged in the practice of medicine on the continent of Europe. A number of American and English physicians residing in Paris have been constituted a committee to arrange for a preliminary meeting to be held in Paris in July, and the hope has been expressed that some of the American physicians who intend to visit Europe next summer may attend the meeting. Communications may be addressed to Dr. Thomas Linn, No. 16 rue de la Paix, Paris. The number of physicians eligible to such a society is by no means small and the usefulness of the organization, it seems to us, may be made very great,

Original Articles.

SKETCH OF THE UNIVERSITY OF MARYLAND, SCHOOL OF MEDICINE, FROM THE USURPATION OF THE TRUSTEES, 1825, TO THE DEATH OF ITS FOUNDER, PROF. DAVIDGE IN 1829.

BY EUGENE F. CORDELL, M.D.,  
OF BALTIMORE.

We approach now a period in the history of the University of extreme interest—one in which chartered rights were ignored by our highest legislative tribunal, private property seized and held in defiance of the protest of owners, and the principle gravely asserted that what the Legislature has created it has the right to destroy. It might seem to the reader an exaggeration to make such assertions, but a statement of the facts will show that they are not overdrawn.

Prior to this event, there were differences in the Faculty, which the opposite party endeavored afterwards to represent as most threatening to the welfare, if not to the existence, of the University. It was said that the institution was ruled now by one faction, now by another; that the factions were more intent upon getting the advantage of each other than upon advancing the welfare of the University; that there was no system or discipline; that the medical department used all the funds in its own maintenance, ignoring completely the other departments, which yet were coequal with it and which the State designed should progress *pari passu* with it. A crisis was reached under the following circumstances: Prof. Davidge had always taken private students, by whom he was much venerated and beloved. He had evening conversational meetings at his residence which were very popular and well attended. Lately he had associated Prof. De Butts with himself in these extra courses. There may have been a tinge of jealousy in the feeling with which Professors Davidge and De Butts' private courses were regarded by the other mem-

bers of the Faculty. The grounds of opposition, however, were stated to be these: They were unauthorized by the Regents; they imposed double fees and double duties; those in charge assumed to teach branches prescribed to their colleagues and thus came into conflict with the latter, creating parties and fomenting dissensions among the pupils.\* The majority feeling that their prerogatives were infringed upon, appealed to the Regents for redress. The Board of Regents decided against the minority, and unanimously resolved "that no professor should, during the session of the classes, deliver any lecture to the pupils of the college and receive compensation therefor, except officially *ex cathedra*."† This decision naturally gave great umbrage to the two professors to whom it applied, who declared that they were restricted in their rights. The matter was not allowed to rest here. A movement was secretly set on foot, with a view to turning over the University to the control of the State. Prof. Potter gives a graphic picture of his first discovery of this scheme. He had gone down to Annapolis, in company with Prof. De Butts, to look after some matter in the legislature pertaining to the University.‡ They spent ten days there, performing the duties assigned them. On the eve of his departure for home, Prof. Potter learned of the proposition to change the government of the school. He was "surprised and mortified." No intimation of such a design had ever been made to the Faculty or Regents. He "expressed his abhorrence to his colleague, who was silent." He deferred his departure and remained several days at Annapolis. De Butts was represented as the prime mover in the scheme. There were several plans afloat and the minds of members were not at all made up as to the best one. In one respect he found them, however, quite unanimous, and that was in the most irreconcilable prejudice against the Regents and Faculty. In this crisis, Prof. Potter

\*Potter's Sketch.

†Probably to oppose the granting a charter for the founding of Washington College. See further on,



appealed to the city's representatives. These were divided in sentiment, one, Mr. B. C. Howard, advocating the change on the ground of expediency, the other, Mr. John S. Tyson, opposing it as unconstitutional. The speaker took the remarkable position—in which he was seconded by some members,—that whatever the legislature had the power to create it had also the right to destroy. In such a frame of mind the result was not doubtful. The joint committee of the two houses brought in a bill, and notwithstanding the adverse opinion of the highest legal authorities, it passed both branches of the legislature.

It is not necessary to give the full text of this act. The preamble reads "Whereas experience has shown that the public good and the proper government and discipline of the University of Maryland require important alterations in the act of incorporation, therefore, etc." The Board of Regents is abolished and the members of the several Faculties, except professors\*, discontinued. The government of the institution is transferred to a Board of 21 Trustees† upon whom are conferred all the duties and powers hitherto imposed upon the Regents, and who are made responsible "for all debts due by the University," or "for contracts heretofore made by the said Regents," just as the latter had previously been. The Governor is ex-officio President of the Board. The Board has the power to appoint and dismiss the provost, professors and lecturers at pleasure. In case of a vacancy in any professorship, the remaining professors are required each to nominate a successor, but the Board are not restricted in their choice to such nominations. The pecuniary affairs of the institution are placed unreservedly in their hands, and they

control all expenditures. Vacancies in the Board are to be filled by appointment of the Governor. It is expressly stipulated that the Medical Faculty and their successors are not to be exonerated from the payment of the interest upon the \$30,000 loan of 1821.\*

The Regents did not submit quietly to these proceedings of the Legislature. The act was passed March 6th, 1826. On the 17th of the same month a regular meeting of the Board of Regents was held, at which a resolution was adopted, with but one dissenting voice, that a committee of five should be appointed to obtain the opinion of counsel on the constitutionality of the act. Another resolution was unanimously adopted, directing the committee, if the opinion should be that it was unconstitutional, to prepare an address to the Governor and to the Trustees, informing them of the fact, and requesting them to defer acting until the act could be reconsidered by the legislature, and in the event of the Trustees determining to proceed, to adopt such legal measures as might be deemed necessary to resist the operation of the act.†

In accordance with their instructions, the committee‡ selected William Wirt, the Attorney-General of the United States, John Purviance and Daniel Webster, as the counsel to be consulted, and their opinion was rendered May 21, 1826. This opinion reviews the career of the University from its foundation in 1807, showing that it began without funds, that it was maintained upon the individual credit of the professors who, disappointed in the receipts of the lotteries, were compelled to borrow a large sum from the banks in order to meet the expense connected with the purchase of ground and the erection of buildings, and that the act of 1825 changes the entire government of the University with-

\*This refers, I presume, to those who held honorary positions in the Faculties of Law, Divinity and Arts and Sciences, without any expectation of ever being called on to discharge the duties of Professors.

†The names are John E. Howard, Theodorick Bland, Stevenson Archer, Thomas B. Dorsey, Roger B. Taney, Robert Smith, Ezekiel F. Chambers, Robert Gilmer, Dennis Claude, James Steuart, Reverdy Johnson, John P. K. Henshaw, James Thomas, George Roberts, Benedict J. Semmes, John Nelson, John C. Herbert, Nathaniel Williams, Isaac McKim, Henry Wilkins and William Frick. Among these, as will be seen, are some of the most distinguished names in the State.

\*From MS. certified copy of Act in the Records of University.

† Decision of the Supreme Court, Chief Justice Buchanan. Regents vs. Trustees, 1839. Also Circular of Regents' Faculty to Members of the House of Delegates, 1838.

‡ This committee consisted of Right Rev. James Kemp, Rev. Dr. Wm. E. Wyatt, Messrs. Jonathan Meredith, Edward Pinkney and Dr. Maxwell McDowell.

out its assent or approval. After a careful and deliberate consideration, they had no hesitation in giving it as their decided opinion that the late act was a manifest violation of the rights created by the original acts of 1807 and 1812, and a direct infringement of that article of the Constitution of the United States which forbids any State from passing a law impairing the obligation of contracts.\*

Having obtained this opinion, the committee of the Regents proceeded on the 22d of May, before the corporation of the Trustees had gone into operation, to communicate it formally to the Governor and to each of the Trustees, requesting a suspension of action on their part until the next meeting of the Legislature, when application would be made for its repeal. "Should it be deemed inexpedient, however, to comply with this request, we are prepared, in behalf of the Regents, to enter into such arrangements with you as will produce the speediest judicial decision upon the constitutionality of the law by the proper tribunal; and for this purpose, we beg leave to say, that any communication addressed to the Right Rev. Bishop Kemp, as Chairman of the Committee of Regents, will receive their immediate attention."†

There was no reply to this communication, and on the appointed day the Trustees took formal and unopposed possession of the University. Fifteen days were given to the professors to decide whether they would apply for reappointment in their former chairs or not.‡ All of the members of the Faculty of Physic and of each of the other Faculties were duly reappointed and accepted under the new Board, "and from that time until September, 1837, the corporation of Regents ceased to exert its corporate functions."§

§ The professors adopted this course because they saw that otherwise they

would lose their positions, and this they were unwilling to do after all the labor and sacrifice to which they had submitted in founding and developing the institution, to which, moreover, they were ardently attached. They also felt unwilling to assume the incalculable expense of testing the validity of the law in the courts,\* which expense would have to be met, moreover, out of their private funds, whilst the Trustees would have the funds of the institution and perhaps of the State to rely upon. The four Faculties, however, made a formal protest against the action of the Trustees.\*

We may well pause here a moment before leaving this period, to contemplate the position attained by the University.

Eighteen years had now elapsed since the Regents had met at Dr. Davidge's house to organize the infant institution, and it had been announced that the lectures of "Davidge, Shaw and Cocke" had already begun. Without funds, we see them boldly assuming responsibility and erecting a stately building, as if conscious of the strength and perpetuity of their design. We see them devising successful plans for raising funds; we see provided a costly and almost unequalled chemical and philosophical apparatus; we find them paying off the balance of debt and then leasing ground and erecting another building, which is to serve as a "School of Practice;" we find the classes increasing until they are numbered by the hundreds, and although there are evidences of want of harmony (which a little firmness by the Board would probably have soon rectified) we reach the end of the period with the conviction that there has been great success, that a season of prosperity has been entered upon, the limit of which cannot be foreseen. There was a debt of several thousand dollars, it is true, recently incurred in the erection of the infirmary, but this would easily and soon be met by the remaining proceeds of the lotteries and the large income from the classes. Suddenly, by a most extraordi-

\* From copy of the printed opinion republished by the Regents' Faculty, September, 1837.

† Circular of Regents' Faculty, 1838.

‡ Potter, Op. Cit.

§ Opinion of Chief Justice, 1839.

§ Potter, Op. Cit.

\*The suit instituted in 1837 was two years in the Courts, and is said to have cost the Regents' Faculty \$8,000.



nary exercise of power, all this is dashed to the ground, and in place of confidence and hope, doubt and despair have been introduced.

The evil effects of the new régime were not immediately apparent. For a time matters went on to all appearances smoothly.

In the Summer of 1826 Professor Pattison went abroad, it was said on account of his health, which had suffered from a rather free mode of living. He did not return and the following year received an appointment as Professor of Anatomy in the newly organized University of London.

Granville Sharp Pattison was born in 1792\* near Glasgow, Scotland, at whose University he received his education. He assisted Professor Allen Burns and on his death succeeded him in the chair of Anatomy, Physiology and Surgery, in the Andersonian Institution, at Glasgow, a medical school which had been recently organized. He enjoyed considerable eclat as a very youthful lecturer. He came to America in 1819 and opened an anatomical school in Philadelphia. He declined the chair of Anatomy in Transylvania University, but accepted that of Surgery in the University of Maryland, in 1820. In 1821 he exchanged with Professor Davidge and took the chair of Anatomy.† In 1826 he went to London, "on account of bad health and dissatisfaction" with the government of the Trustees, and never returned to Baltimore. In July 1827 he received the appointment of Professor of Anatomy in the newly founded University of London. Later the department of Surgery was added to his chair. His lectures were from the first entirely unsatisfactory to the students, who largely refused to attend them and preferred serious charges of incompetence, etc., against him. Among their charges were that he had an impediment in his speech, that his voice was monotonous, his grammar and knowledge of classics defective and his anatomical acquirements superficial.

During the session of 1830-31 the dissatisfaction became so great that his colleagues "offered to pay him an annual stipend out of their own salaries for a certain number of years if he would retire." He refused, regarding the amount as too small. Professor Bennett was appointed to teach those subjects in his department which were most complained of, but this expedient did not avail, and on July 23, 1831, "he was dismissed from his chair as recommended by a select committee of the

Council."\* In 1832 he arrived in New York to take the chair of Anatomy in Jefferson Medical College, Philadelphia, to which he had been elected. He held this appointment until 1841, when he joined in founding the Medical Department of the University of New York. He held the chair of General Descriptive and Surgical Anatomy in that institution until his death, which took place November 12th, 1851, after a short illness of obstruction of the Ductus Communis Choledochus. Professor Pattison edited with notes editions of Burns on the "Surgical Anatomy of the Arteries of the Head and Neck," "Masse's Anatomical Atlas" and "Cruveilhier's Anatomy," was one of the editors of the American Medical Recorder, and wrote a number of articles in the periodicals. It is hard to reconcile the events in London with the exalted estimation in which he was held as a teacher and lecturer in America. See *Allibone; New York Journal of Medicine*, 1851; *Lancet*; Pamphlets at Historical Society, etc.

On his departure Dr. Davidge assumed the joint chairs of Anatomy and Surgery, with Dr. John Buckler as Adjunct Professor of Anatomy. It will be remembered that when Professor Pattison came to Baltimore it was as Professor of Surgery. He retained that department only one session, when an exchange was effected with Professor Davidge by which he took the chair of Anatomy and Davidge that of Surgery. This brought him into a more congenial field and gave opportunity for the display of talents which he seems to have possessed in a high degree, of graphic description and illustration.

Professor Davidge held the Surgical chair until 1827. He was now somewhat advanced in years and had already been complaining of failing eyesight. He therefore resigned the Professorship of Surgery which made necessary an election of a successor. Dr. Nathan R. Smith, Professor of Anatomy in the recently organized Jefferson Medical College, then a young man of 30, was the successful applicant for the position.†

\*These facts are given in the *Lancet* of the time.

\*1791 is given as the date of his birth in the obituary notices, but he says himself writing November 28th, 1830, that he would "soon be 38." See Correspondence with Chapman at Historical Society's Library.

†He claimed that his income while in Baltimore from his professorship and practice amounted to over \$10,000.

†He had at least one competitor for the chair, Richard Harlan, one of the Surgeons to the Philadelphia Almshouse, a naturalist and according to Chapman "perhaps unrivaled in Comparative Anatomy in the United States." He had already delivered one course of lectures on Surgery. Davidge, however, favored Smith, and through his influence, it is said, he was elected. Professor B. W. Dudley, of Transylvania University, stated in the course of a Trial for Malpractice (*Pamphlets at M. and C. F. Library*) that he (D.) had been unanimously recommended by the Faculty and unanimously elected by the Trustees to the chair of Surgery at the University of Maryland, August 1827.

The election of Professor Smith deserves to rank as an epoch in the history of the University. Of commanding intellect and imperious disposition, he was for nearly half a century the central figure in the Faculties of the University. His character stands out prominently before us and it may be truly said no man ever reigned so completely in its counsels as he did.\*

The year 1827 is also memorable for the founding of the Washington Medical College, the first rival of the University. The leading spirit and chief founder of this school was Dr. Horatio G. Jameson, a native of Pennsylvania, a graduate of the University of 1813, a bold able and original surgeon and a voluminous medical writer.†

The motives which led to the founding of this school were probably these: the population and trade of Baltimore were developing at an extraordinary rate and the country at large was experiencing a greater degree of prosperity than it had ever known before; the school already established had been successful beyond all expectations of its founders; the Faculty of that school had recently exhibited evidences of want of harmony which seriously threatened its future success; there had been unpleasant relations between Jameson and members of that faculty, and the former claimed that he had been treated by the latter with great injustice and discourtesy;‡ and finally something must be allowed for the natural ambition of a man conscious of the powers and abilities which Jameson possessed, and longing for a field in which he could display them.‡

Very naturally the Faculty of the University did not regard with favor the attempt to found a rival school. According to Jameson, they not only re-

ferred in contemptuous terms to himself and colleagues, but they appointed a committee to go down to Annapolis and oppose the granting of the charter for which he had applied.† This was in the winter session of 1825-6, the year in which the act changing the government of the University was passed.‡ The new college was opened in the fall of 1827, in a building on North Holliday Street, and at the close of the first session conferred its degree upon twelve graduates.§

It might be of interest to consider the effect of this new school upon the old one. At first it had the advantages of the energy and novelty which accompany almost all new undertakings. Then it had a number of teachers from time to time of unquestionable ability. It succeeded in a surprisingly short time in securing a building, which was capable of supplying the needed accommodations for both a college and hospital, and being situated in the eastern and unoccupied part of the city, in the immediate vicinity of the present Johns Hopkins Hospital and School, we might infer that it possessed all possible advantages of situation.

On the other hand the University was suffering from the incubus of the Trustees. The Faculty, from having lost control, and from the consciousness of the wrong that had been inflicted, had lost that enthusiasm and personal interest which had nerved them for their earlier labors and successes. The patronage was divided, and many students who would have attended the University joined its rival. The competition for students must have exerted an unfavorable effect upon the requirements and fees of each.\* The classes of the University fell off greatly, although in the whole history of the institution there were

\*I have endeavored in another place to sketch briefly his life and character.

†Those who were associated with him were Samuel K. Jennings, Wm. W. Handy, James H. Miller, Samuel Annan and John W. Vethake, all of whom are long since forgotten.

‡See Jameson's synopsis of the Hintze trial and the accompanying papers, *American Medical Recorder*, January 1839.

§He had been thwarted in a prospect which at one time seemed open to him of a place in the University. See *American Medical Recorder*, *supra*.

†It is likely, therefore, that this is the "business" that Potter and De Butts went to Annapolis to transact, of which Potter speaks in his "Sketch."

‡Jameson's Communication, *supra*.

§After 1831 two courses of lectures were required for graduation. Public notice of the day. Harvard College did not require of its graduates attendance upon two courses until 1834, when the course was lengthened to thirteen weeks.—*Med. Examiner*, Boston, Aug. 1834.

\*Competition seems to benefit trade and business, but it only exerts a deteriorating effect upon medical education.



never connected with it teachers of more renown than at this period.

Whilst the existence, therefore, of two schools did not have the effect anticipated by some,† of destroying both, it led to the suspension for many years of one, and did unquestionably exert a very deleterious effect upon the welfare of the other.

Professor Smith had hardly become well settled in his new department when the University had to mourn the death of her founder, Professor Davidge. It was fortunate that, in losing her earliest friend, she was able to find a worthy successor in the stalwart young champion who had come from the bleak New England hills to make his life-home here near her. The cause of Dr. Davidge's death was a malignant growth of the face, originating, it was supposed in the Antrum of Highmore, whence it was then spoken of as "a fungus of the antrum." The disease first developed in January, 1829. He was obliged, therefore, to discontinue his anatomical lectures, which were given by Professor Smith. The disease developed rapidly, and he suffered excruciating pain in consequence of it. He is said to have taken laudanum by the wineglassful. He bore his sufferings with great fortitude, and being a man of religious convictions found comfort in the consolations of his faith. Twice during the spring or summer he was taken to Philadelphia to consult the learned Physick, who could of course do nothing for him. He was released from his suffering on the 23d of August, 1829. He died at his residence on Lexington Street. Although he had passed the period of his greatest usefulness, and his place as teacher was not difficult to supply, and better, perhaps, than he had supplied it, the feeling with which we contemplate his loss, is nevertheless, even at this day, a personal one. He was not a man of great abilities and he was far from infallibility, but he had qualities which command respect, reverence and love. He was a man of upright character and unswerving integrity, of strong moral and physical cour-

age, a good citizen, faithful and affectionate in his domestic relations, an enthusiastic student and a finished scholar. It is to be regretted that no portrait was ever made of him, and it seems that his relations and services to the University might have suggested to his successors some memorial in his honor in the institution which owes its success and indeed its very existence so largely to him.

John Beale Davidge was a native of Annapolis, where he was born in 1768. His parents came to Maryland in colonial days. His father was an ex-captain in the British army, his mother was Miss Honor Howard, of Anne Arundel County, a relative of John Eager Howard. At an early age he lost his father. He obtained his academic training at St. John's College, Annapolis, receiving the degree of A. M. there in 1789. He began the study of medicine with Drs. James and William Murray, of Annapolis, continued it at Philadelphia and then spent several years at Edinburgh, devoting himself especially to the study of Anatomy. From motives of economy he took the degree of M. D., at Glasgow University, April 22, 1793. About this time he married Miss William Stuart, a lady of high social standing but several years older than himself. He practised for a short time in Birmingham, England, then returned to Maryland and after a brief residence in Frederick and Harford Counties settled at Baltimore for a permanent home in 1796. In 1802 he began to receive private pupils and had his classes every winter until 1807, when being joined by Drs. Cocke and Shaw, he founded the College of Medicine of Maryland. From 1807 to 1813 he held the chair of Surgery and Midwifery; from 1813 to 1819, Anatomy, from 1819 to 1820 Surgery, from 1820 to 1821 Anatomy, from 1821 to 1827 Surgery, and from 1827 to his death in 1829, Anatomy. His death was due to "Fungus of the Antrum," and was preceded by severe and protracted suffering, which he is said to have borne with Christian fortitude. He was twice married, his second wife being Rebecca Troup, widow of Josiah Polk, of Harford County, Maryland. He left four children, a son by his first wife and three daughters by his second. He was a member of St. Peter's P. E. Church. His remains are interred in Loudon Park Cemetery. He was a prolific writer. Besides his thesis (*Dissertatio Physiologica de Causis Catameniorum*, Birmingham, 1794), and many articles in the Medical Journals, he wrote "*Nosologia Methodica*" (in Latin), first and second editions, 1812 and 1813; *Physical Sketches*, 2 volumes 1814-1816; *Treatise on Yellow Fever*, 1798; *Treatise on Amputation*, 1818; he also edited *Bancroft on Fever*, 1821, and a quarterly journal entitled *Baltimore Philosophical Journal and Review*, 1823. His most important operations were a total extirpation of the parotid gland, ligation of the gluteal for

†As Davidge. See *Am. Med. Recorder*, *supra*.

aneurism and of the carotid for a fungus of the Antrum. He invented a new method of amputation, "the American." In person, Professor Davidge is represented as having been short and stout, of a sanguine complexion, blue eyes, homely features, grave and dignified in manner, and scrupulously neat in dress, with small hands and feet and a graceful carriage. He walked with a slight limp after the accident in 1818. He spoke with deliberation and in choice language. He was an incessant student. His lectures are described as 'models of simple elegance.'\* As a writer he was stiff and affected in style, obscure in meaning, and fond of obsolete and antiquated modes of expression and spelling. As an operator he was slow and cautious. He had very positive views upon medical subjects. He devised a classification of diseases, greatly superior in simplicity and convenience to Cullen's then in vogue. He believed menstruation to be a secretion of the uterus. He opposed Rush's "unity of disease," and also his teachings as to the contagiousness of yellow fever, and profuse venesection and large doses of calomel in that disease. He taught that this disease was but an aggravated remittent, originating in loco and due to marsh miasmata. He regarded phthisis pulmonalis as a *scrofula of the lungs*. He drove a carriage and pair and had a large practice. By his students he was much revered and beloved, and his Wednesday conversations were very popular. He was a devoted father and husband, a chivalric gentleman, a man to be singled out in a crowd. (The details with regard to Professor Davidge were obtained from his grand-daughter, Mrs. Sarah N. Dunkel and numerous other sources).

### MELANCHOLIA IN A WOMAN AGED ABOUT SIXTY-FIVE YEARS — RECOVERY UNDER TREATMENT.

BY A. L. HODGDON, M. D.  
OF BALTIMORE.

Some months ago, while visiting in Pennsylvania, I was called by telegram to see, in consultation, a case of melancholia, which was being treated by a physician in Virginia. The patient was a lady aged sixty-five, or thereabouts, with a distinct family history of insanity, and her case was plainly one of melancholia. She was very much depressed, and had attempted self-destruction by means of a razor. She had taken great pains about the minutiae of the operation, even to placing a folded towel under

her neck to catch the blood after she should complete the operation of cutting her throat. Happily her plans were frustrated, partially due to the use of a dull razor, and partly to entrance into the room of one of her sons, at the critical moment; also to the fact that her hand trembled a great deal while she was attempting to enact the tragedy. She succeeded, however, in mangling the external portion of her throat considerably.

When I arrived I questioned her as to her motive in attempting suicide.

She said that she felt that God had forsaken her, and on that account did not care to live.

She had fallen off considerably in weight and looked very much dejected. The treatment adopted was principally tonic. Small doses of calomel were administered at intervals, and she was given a pill to take three times a day, composed of phosphorous, arsenious acid, strychnia, sulph. ferrum reductum, quiniæ, sulph. and aloes.

The family were urged to keep up the patient's diet. Milk was administered regularly at intervals. Acid, nitric (C. P.), was given in five drop doses well diluted. The patient commenced to improve under this and other treatment, and soon was thoroughly restored to her former state of health. She lost her delusion and became cheerful.

It has always seemed to me that in psychalgia there is a great tendency among practitioners to pay too much attention, in every case to the function of the liver. By saying this I do not wish to be considered as holding the opinion that the treatment of the hepatic functions is unnecessary in all cases; on the contrary, I consider that attention should be paid to that feature of treatment in all cases, and that in some cases of psychalgia, the treatment of the hepatic disorders are of primary importance.

What I wish to say is that every case of melancholia should not be weakened down by heavy doses of jalap, colocynth or of any other purgative. In my opinion every case, even of directly hepatic origin, should receive tonic treatment and good diet, in as large quantities as

\*Professor Lunsford P. Yandell, *Transactions of International Medical Congress 1876*. Y. was an alumnus of 1825.



the patient can assimilate, also plenty of exercise in the open air and sun light. This matter of feeding in psychalgia has been too much neglected, I fear, by some of the profession. One interesting feature connected with these cases, who suppose that they are forsaken by God, is that laboring under that delusion they are very prone to destroy themselves. A melancholic should never be argued with in reference to his delusion, neither should persons appear to uphold him in the same. His attendants should act in a cheerful manner, and whenever he attempts to argue on the subject of his delusion, they should change the drift of the conversation from that subject to something pleasant, and do it in such a way that the patient does not perceive that they are trying to take his thoughts away from his mental pain.

#### BUFFALO LITHIA WATER IN THE TREATMENT OF BRIGHT'S DISEASE OF THE KIDNEYS, CHRONIC CATARRH OF THE BLADDER AND URIC ACID CALCULI.

BY DR. R. D. BASKERVILLE,  
SWEPSON, VA.

Member of Medical Society of Virginia.

I have prescribed Buffalo Lithia Water, Spring No. 2, with decided beneficial results in both forms of chronic Bright's disease of the kidneys. In a case of acute parenchymatous nephritis, occurring in a lad fourteen years old—the first stage of Bright's disease of some writers—the large smooth kidney of English authors—the urine gave a faint acid reaction, specific gravity 1006, and contained about three per cent. of albumen, œdema of the feet and legs extending to the kness, face puffed almost beyond recognition and considerable effusion in the great cavities. Buffalo Lithia Water, Spring No. 2, was ordered at once, and in twelve days the dropsy was entirely relieved, the specific gravity had risen to 1012 and the albumen had disappeared to a mere trace; the water

was continued for a few weeks and the patient was entirely well and has remained so to this time, a period of more than ten months. In a case of chronic catarrh of the bladder, in a lady fifty years old, due to the presence of uric acid calculi, which was passed almost daily, aggregating over one hundred stones, varying in size from a grain of wheat to that of a small pea, after the failure of other treatment Buffalo Lithia Water Spring No. 2, was directed, which gave her immediate relief, and its persistent use for a few months effected a cure, and now at the end of four years she declares herself well.

#### Hospital Report.

#### PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL. ANNUAL REPORT FOR 1888.

BY JULIAN J. CHISOLM, M.D.,  
Surgeon in Chief of the Hospital.

With apparent monotony come continuous changes in the affairs of even the routine life of hospital practice. Each day brings its crowds of faulty eyes, ears and throats to be treated in the Dispensary. Sometimes rare diseases are presented, but those of every day occurrence must always be of most interest, as it is by relieving these, that most pain is assuaged and most benefit given. The prime motive with all honest workers in the medical profession is to find out means of relieving the more promptly those affections which are constantly recurring. Hospital experience tends largely in this way to ameliorate the sufferings of the masses. Hospitals when well conducted, become laboratories from which emanate most useful information for the guidance of medical men in their daily battle with disease. Discoveries of vital importance to the human race, are in this way started, which eventually become far reaching, and do

good to multitudes far away from the starting point of the discovery. In this category the Presbyterian Eye, Ear and Throat Charity Hospital, of Baltimore is placed. Its good work has been recognized in distant lands, and valuable methods of treatment have been accepted through its teachings.

The year 1888 shows the continued steady growth of nearly 20 per cent. added to the number of applicants for professional services. 7662 against 6631 for 1887, gives an increase of 1,031 new patients. In the wards 490 have been treated covering 4,965 days of board and lodging, an average of 10 days for each patient received into the Hospital wards. The daily applications for treatment in the Free Dispensary number 30,348, an average of 97 patients for each working day of the year. The largest number of patients treated on any one day was 221, the smallest number when a snow storm was raging 35. 1523 operations have been performed during the year 1888. This statement taken from the hospital records shows that every day has been a busy one with the medical staff.

In the starting of our Hospital it was prophesied that the eye, ear and throat troubles of such a community as Baltimore, would be exhausted in a few months and that then the special hospital would have nothing to do: but cases seem to multiply, and the amount of suffering seeking relief measureless. In this connection it is very instructive to follow up the annual growth of our Hospital work. In the first year of our hospital existence 1878, 1813 patients were treated. In 1879, 2,439 patients. In 1880, 2,757. In 1881, 3,145. In 1882, 3,963. In 1883, 4,552. In 1884, 4,679. In 1885, 6,027. In 1886, 6,125. In 1887, 6,631. In 1888, 7,662. This table shows an increase of 400 per cent. in eleven years. The entire number of patients seen during this period is 43,163, with a daily attendance of 238,191 persons. During these eleven years this Hospital has given out to the sick nearly 100,000 packages of

medicines. 9,800 operations have been performed on the eyes, ears and throats of suffering patients. A great many have been saved from blindness, and many who were blind have had good sight restored. The work goes on, ever increasing. Such is the ever producing fruit of this kind of charity work. It is peculiarly attractive because we see day by day the good accomplished in relieving physical pain, in curing diseases which interfere with the days work, and in restoring, to those dependent upon manual labor for their daily bread, the ability to earn their own living and also food for their families. The permanent good done and blessings imparted are not theoretical. They are as positive as 2 and 2 make 4. When these people come to us blind and go away seeing, come to us deaf and go away hearing, they exhibit their heart-felt gratitude; often with tears. Many blessings and thanksgivings go up daily as applicants pass out of these doors none the less sincere and acceptable because of the rough exterior of the suppliant.

The most conspicuous improvement in the surgical work of the Hospital is in the restoration of sight after cataract operations. In this department of eye surgery this Hospital has been signally successful and has deservedly attracted a large share of professional attention. During the past year 138 cataract patients have been operated upon *with the loss of but one single eye*, which makes this very delicate operation nearly perfect. When we contrast this result with the experiences of surgeons 30 years since, one lost eye out of every 4 operated upon, the improvement is seen to be immense and the results really wonderful. 910 cataract patients have been operated upon at this hospital during the past eleven years.

For the past three years the Hospital has done good work in ameliorating the condition of those upon whom eye operations have to be performed. It has made war upon the arbitrary restraints which a former surgery had imposed,



It has successfully fought against dark rooms, and bodily restraints. It has shown by a very large percentage of successes that keeping cataract patients in bed, on their backs, in dark rooms, with eyes heavily bandaged was needless uncalled for, and injurious. Experiments first started in this hospital have been the means of letting in light into the chambers of many an eye patient, and have brought comfort to many a suffering patient. Many nervous persons dreaded the confinement in the dark room more than the operation on their eyes. Such blind and timid patients will now seek the proffered relief more eagerly and early, especially as under the soothing influences of cocaine to the eye these operations are no longer painful.

The operation of the year which has attracted the most attention was the engrafting of the healthy cornea of a living rabbit into the diseased cornea of a blind man for the purpose of restoring to him sight. The transplanting of the animal graft was successfully performed. It has been retained and is now a part of the human eye. At first it became cloudy then commenced slowly to clear up, and now promises to give him the useful sight which he sought by this curious surgical operation. The success of this transplanting operations has brought the Presbyterian Eye, Ear and Charity Hospital of Baltimore City into very prominent notice in all parts of the country.

The following specialists physicians comprise the medical staff of the hospital. Drs. J. J. Chisolm, H. Harlan, Hiram Woods, R. L. Randolph, O. E. Belt, J. F. Perkins, Wm. B. Canfield, P. G. Dill, J. W. Funk, E. H. Knykendall.

### Society Reports.

#### BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING JANUARY. 28, 1889.

*Dr. J. H. Scarff* referred to a case previously reported, of a lady 26 years of

age, who had a large tumor filling the floor of the pelvis on the left side and extending to the umbilicus, the uterus pushed to the right side and fixed. She came into his care after the tumor was formed. He could discover, by manipulation, no fluctuation. Made another examination, assisted by Drs. Jones and Salzer, with the above result. Later, Dr. J. W. Chambers aspirated, drawing off only blood. There was pelvic peritonitis and cellulitis. Suppuration followed the aspiration. The patient recovered and is now well.

*Dr. J. H. Scarff.* A woman came to the Maryland General Hospital two months ago, suffering from a neurosis, which was thought due to the condition of the ovaries, which were very tender. Merely touching them set up violent spasms, opisthotonus, etc. He took out the ovaries and tubes, the usual way. The tubes contained about one-half ounce of fluid. Recovery followed. It is related merely to show what a woman can endure and still get well.

*Dr. T. A. Ashby* said, in connection with Dr. Scarff's cases, he would call attention to a patient upon whom he had operated for removal of both ovaries and tubes, some months ago. The patient was unmarried, aged about 30, who had suffered during her entire menstrual life with violent dysmenorrhœa. During the last three or four years the dysmenorrhœa was accompanied with hysterical attacks, and these had gone on increasing until they were hystero-epileptic in character.

The week of menstruation totally incapacitated her for any duty; her life became unbearable, and her mind was so disturbed that she begged to have her ovaries removed, with the hope of relief. Other measures having been faithfully employed without avail for 18 months, the procedure was indicated and both tubes and ovaries were removed. The ovaries were found adherent to the pelvic brim by old adhesions, and one tube was enlarged from an old inflammatory trouble. Recovery followed the operation, and the physical and mental condition have been benefitted. The patient expresses herself as greatly relieved, and says she has not had an attack of hystero-

epilepsy for some months. She continues to menstruate, though not with the same degree of pain. The continuance of the menstrual flow can not be accounted for on any physiological ground.

*Dr. Scarff* wanted to know if there were chronic metritis, as he had noticed it in cases of that kind. It is not unreasonable to suppose that the irritation caused by the metritis keeps up the apparent flow for some time as a habit.

*Dr. J. M. Hundley* reported a case of

INTESTINAL OBSTRUCTION.

G. S., aged five years, on Friday night, August 17, 1888, had a rather sharp attack of diarrhœa. On the following morning he arose as usual and played most of the day. Sunday morning he complained of pain, which increased in severity. His bowels moved slightly in the early morning. I prescribed at my office for him, his father asking for a prescription for pain and indigestion. I saw him for the first time Sunday afternoon and ordered a solution of morphia and bromide of potash, to be used if the hypodermic of morphia given at the time failed to relieve the pain. Monday morning I found him still suffering severe pain, abdomen tympanitic and vomiting, which began on Sunday night. Passed mucus and blood (a small amount). Ordered  $\frac{1}{10}$  gr. calomel powders every hour and opium suppositories every two hours if needed, for pain. Afternoon, pulse 100, temperature normal; 9.00 P. M., pain more severe, abdomen greatly tympanitic. Tuesday, 9.30 A. M., condition unchanged. Stopped calomel powders. Opium suppositories used freely. Gave an enema and repeated it four times. Water slightly colored with mucus and blood. Two P. M., vomiting ceased; pulse 100, temperature 99°. Hot applications were put to abdomen, which was tense. Passed little mucus and blood. Wednesday, 9.30 A. M., condition same. Gave enema by rectal tube, under chloroform; no feces. Two P. M., called Dr. Chew in consultation. Ordered tincture belladonna; resumed the calomel powders; continued the opium. No vomiting. Abdomen tense. Thurs-

day—condition same; No change in treatment. Abdomen greatly tympanitic and the outline of intestines could be plainly seen through the abdominal walls. Took some milk for the first time. Has not vomited since Tuesday afternoon. Friday—condition same; used rectal tube, under chloroform again; no result. Saturday—pain more severe; abdomen tense; no movement of bowels; takes milk. We advised an operation, which was refused. Stopped calomel and belladonna and ordered cannabis indica. Sunday, again advised opening abdomen, which was refused. Stopped all medicines save opium; 11 A. M., I was asked to give a purgative. To appear to be doing something, I ordered 15 drops of the fluid extract of cascara sagrada every four hours. About 12 o'clock that night he had a natural looking action, the first for seven days; passed wind from bowel. No pain; condition much improved. Monday—diarrhœa all day, after which he made a rapid recovery, and is well to-day.

I believe the case to have been one of intussusception. I know such cases rarely recover without operative interference, still they sometimes do. No shreds or anything looking like sloughed bowel was seen in any discharge.

*Dr. J. T. Smith* asked why was not a purgative given sooner.

*Dr. Hundley* said he had given 8 gr. of calomel in  $\frac{1}{10}$  gr. doses, frequent enemata, belladonna and cannabis indica.

*Dr. J. I. Pennington* thinks it well in these cases to give a mild purgative, as Hunyadi water, which would do no harm. He always tries at first a laxative.

*Dr. Hundley* said he could see no necessity for it as the bowels showed decided peristalsis. He tried electricity Faradic current—and it did no good.

*Dr. J. W. Chambers* said it is difficult to tell always the cause of the obstruction. Many things, as localized inflammation, may cause plugging up of the bowels, involving only a small segment of gut. At times only a small knuckle of gut may be caught up, as shown in post mortem examinations, and paralyze peristalsis below that point. *Dr. Hund-*



ley acted wisely in not pushing catharsis. He is not sure that pushing up tubes and sending up large amounts of water does any good. Electricity may do harm by overstimulating the gut above the obstruction. Emesis, as suggested by a German physician, may do good by emptying the bowel above the obstruction.

*Dr. Smith* thought the symptoms might have been caused by other obstruction than intussusception.

*Dr. J. T. King* related a case of obstruction of the bowels from impacted feces. The patient, a lady 35 years old, quite spare, had suffered, for 3 or 4 weeks prior to his being called in, with severe hypogastric pains. At first she had but 3 or 4 paroxysms a day but later they increased in frequency until, when seen, she was not free from severe pain five minutes at a time. She was bathed in perspiration; respiration, 40; pulse, 120; temperature, normal. There was decided abdominal tympanitic distention, with borborygmi. There had been no vomiting save after a dose of castor oil, administered by the husband. The obstruction was complete as no flatus could pass. My patient informed me that her bowels had moved every day and that the quantity discharged, was, in her opinion, adequate. Now for a diagnosis. It was not peritonitis as we had no fever; examination showed no external hernia. Was it volvulus or twisting of the intestines, or omental, mesenteric or peritoneal bands obstructing them. There are two objections to these latter hypotheses; 1. there was no vomiting, or purging of blood; 2. the symptoms were only acute grafted upon some chronic difficulty. Was it intussusception? possibly, but the absence of blood from the bowel mitigates against such an opinion. A large sized bougie introduced into the rectum met no obstacle; indeed, it seemed completely empty. By exception as well as by the existing signs and symptoms, I decided I had a case of impaction of the bowels high up—probably about the ileo-cæcal valve, and that the lower bowel only had been operating. In no class of cases is there need of greater thought and judgment than in this under

consideration and often operative procedure has to be decided upon uncertain grounds. Upon this diagnosis I began treatment by injecting with an ordinary Davidson's syringe, a quantity of warm water which was repeated again and again without results. Gave a laxative pill of rhubarb, hyoscyamus and nux vomica—5 grains every 3 hours—which increased the pains and induced vomiting. The pains being so great and believing I had a mechanical obstruction I desisted from my course and gave morphia—grain  $\frac{1}{4}$  every two or three hours. In short I kept my patient under its influence when she slept and on waking expressed herself as feeling comfortable. Gave then grain 1 of calomel every hour and morphia when needed. She took but little liquid nourishment which she retained, but she lost strength and courage. Injections continued without avail. Dr. Chew was then called in consultation. He confirmed the diagnosis and advised the continuation of the treatment. The patient was only comfortable while under the influence of the anodyne. The cause was not removed. Thinking surgical advice prudent, I called upon Dr. Tiffany. He agreed to the treatment, viz: morphia when needed, calomel in grain doses and injections freely given. He endorsed the diagnosis with the reservation that there might be intussusception, and agreed to hold himself in readiness to operate if necessary. Gave the injections in person, introducing the tube as far up the bowel as possible about 10 inches, but accomplished nothing.

The next day, the husband, who is a gentleman of great culture, asked if the water might not be used with greater force than by the method employed. Confident that there existed no point of ulceration that would make the bowel liable to rupture this plan was determined on. In the house was a stand for the display of maps and charts which had an upright stand which could be lengthened or shortened at pleasure. On the end of this standard I secured a fountain syringe of largest size filled with warm water, raised it to its full height about 12 or 15 feet, and by means

of rubber tubing made attachment to the pipe introduced as far as possible into the bowel as before. The second filling of the bag brought away several hard round balls which could only be compared to billiard balls. I awaited now until evening when a very large mass This of hard fecal matter was removed. was repeated on at least six subsequent occasions. The wind now began to pass, the tympanites subsided, pain was relieved, appetite returned—in short the patient went on to full recovery.

*Dr. Hundley* said the first action of his child was liquid. There were no lumps at any time.

*Dr. J. W. Chambers* wanted to know if a tumor could be made out in any part of the tract.

*Dr. King* said tympanites was so great he was unable to do it with any certainty.

*Dr. George H. Rohé* then read a paper

ON CORPULENCE; ESPECIALLY ITS TREATMENT BY A PURE MILK DIET.

(See last number of the JOURNAL.)

*Dr. Rohé* said he had finished his paper about a week ago, since which another patient, an actress, consulted him chiefly for nervous depression, but as well for corpulence. Heart sounds were pure but muffled. She suffered from palpitation. She was put on pure milk diet and lost  $2\frac{1}{2}$  pounds during the week.

*Dr. Hundley* agreed with *Dr. Rohé* in his use of milk in dyspepsia, with these nervous symptoms. He had a young lady, a confirmed dyspeptic, who had been sick for several years, was weak, did not assimilate her food, was emaciated. He put her upon a skimmed milk diet, and in three months she was well.

*Dr. E. G. Waters* agrees with *Dr. Rohé* in his milk diet treatment and thinks his suggestion to keep the bowels open important. A great difficulty is that some have an antipathy for milk hard to overcome. *Dr. Miltenberger* told him of two cases of epilepsy that recovered in a year under it.

*Dr. T. A. Ashby* reduces his own weight at any time by active exercise and he thinks exercise the most important feature in the treatment for reducing fat. Exercise causes combustion of the excess of fat. He has had no experience with the milk diet but will try it.

*Dr. J. T. Smith* thinks *Dr. Rohé's* an interesting paper. Exercise is the best remedy. No, or little, trouble among men to secure this, but the tendency among women who begin to get fat is to take less exercise, and it is hard to get them to take it. He thinks *Dr. Rohé* right in omitting other remedies, especially the alkalies. The milk can at least be tried intermittingly.

*Dr. C. H. Jones* thinks the theory advanced by *Dr. Rohé* is contrary to the physiological action of milk. It is the only diet of the babe and he grows and fattens on it. In typhoid fever it is often the only diet. He cannot understand why milk should have the effect claimed.

*Dr. J. W. Chambers* has had some experience in reducing fat. In some cases he had some success by dieting. Individuality must be considered. Women suffer less from it than men. There seems to be an idiosyncrasy in the deposit of fat, individuals depositing it in different places; some in the abdominal cavity, others in and about the thorax, etc.

*Dr. J. I. Pennington* asked *Dr. Rohé* if corpulent persons suffer as much from high temperature or stand antipyretics as well as others.

*Dr. J. E. Gibbons* thought it peculiar that on a milk diet *Dr. Hundley's* patients build up and *Dr. Rohé's* cases get thin.

*Dr. George H. Rohé* said he did not undervalue the importance of exercise in the treatment of corpulence. In fact, he had insisted throughout his paper that the only rational method of getting rid of superfluous fat was to burn it up. But in many cases this regimen of active exercise cannot be enforced in the beginning of the treatment on account of the embarrassment of the action of the heart and lungs by excessive fat accumulation in the chest and abdomen.



After a preliminary milk diet lasting two or three weeks exertion could be undergone with benefit. Then the milk diet should be gradually dispensed with, and the regular fare resumed, being careful however to avoid excess in carbohydrate food, especially saccharine articles and alcoholic drinks.

Infants do *not* get fat on pure cow's milk. Human milk contains a considerably larger proportion of sugar than cow's milk, and may hence cause excessive fat accumulation in infants, but even this is rare.

The excessively fat babies that one so often sees are fed upon condensed milk, which contains a large excess of sugar, or on prepared foods, largely constituted of starch or malted flour.

Regarding the question of Dr. Pennington, Dr. Rohe had no personal observations at command, but he would suggest that if the temperature is taken in the axilla, the observations would probably be misleading as the thick layer of fat between the internal organs and the thermometer prevented the ready transmission of heat. The mouth or rectum would probably show as high, or perhaps a higher temperature in febrile diseases in fat individuals than in lean ones.

The observations of Dr. Hundley on lean dyspeptic individuals and their gain in weight under an exclusive milk diet, could easily be reconciled with the observation that fat persons lose weight under the same diet. In the first place, the cases referred to by Dr. Hundley are underfed. They do not assimilate the food which they take into the stomach. If now they are fed upon an article of diet which they can assimilate, such as milk, they gain flesh, although they ever gain entirely their normal weight on this diet. It is also an interesting physiological fact that milk seems to be more thoroughly assimilated by the digestive organs in disease than in health, otherwise the increase in weight in many cases where the milk diet is used could not be readily explained.

HENRY B. GWYNN, M.D.,  
Recording and Reporting Secretary,  
1837 W. Lexington Street.

## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD JANUARY 18, 1889.

The 220th meeting of the Clinical Society of Maryland, was called to order by the President DR. GEORGE H. ROHÉ, in the chair.

Drs. E. K. Ballard, W. Milton Lewis and J. Holmes Smith were elected members of the society.

*Dr. John R. Winslow* read a very interesting paper on

### PEPSIN AND ITS INCOMPATIBLES.

And exhibited a number of tests,

*Dr. Joseph T. Smith* said that he was much interested in this subject which had been so clearly brought out by Dr. Winslow. The uses and action of pepsin has been a mooted question for some time and we have all gotten results just as varied as the doctor has shown.

*Dr. R. M. Hall* said he was much interested in the paper. He had used pepsin on many different occasions and one of his chief objections to it was the disagreeable odor. He was glad to know that there was a preparation that was odorless.

*Dr. J. W. Chambers* said that according to Dr. Winslow's experiments the best preparations of pepsin are manufactured in America; it seems to show that we either have better chemists or better pigs, he did not know which. He thought that it would be advisable for Dr. Winslow to send a copy of his paper to the German chemists and let them see what we are doing.

*Dr. John G. Jay* said that good pepsin may be given without any benefit. Druggists usually use a paste in putting such ingredients into capsules; this often becomes hard and the pepsin, in consequence does not act. Physicians should order pepsin always to be put up dry.

*Dr. George H. Rohé* said that conclusions might be erroneously drawn from these experiments. It is no proof that alcohol taken into the stomach during the administration of pepsin will interfere with its action, because its addition to pepsin in a test tube will bring about deteriorating results.

*Dr. John R. Winslow* said in conclusion, that the test regarding alcohol was simply in reference to the wine of pepsin where it remains in solution. There is no doubt that a large dose of one preparation of the drug may give us as good results as a smaller dose of a different preparation, but it is well for us to know which is the best one, and then we can prescribe to advantage.

*Dr. T. W. Kay* read a paper on

ENUCLEATION OF TUBERCULOUS GLANDS,

And his conclusions were as follows:

1. Scrofulous and tuberculous deposits are identical, microscopically and clinically.

2. Tuberculosis, as a rule, as acquired by the respiratory passages in adults and the alimentary canal in children.

3. Pulmonary tuberculosis is generally secondary, due to a spread from a local deposit.

4. These local deposits are generally confined to the lymphatic glands which are in reach of the surgeon.

5. Every local deposit may be a cause of general infection.

6. All enlarged glands, not due to mechanical irritation, and not yielding promptly to medication, should be removed if possible.

7. The removal of superficial non-suppurating glands is easy and free from danger.

*Dr. Randolph Winslow* said that he thought that all surgeons would agree with *Dr. Kay* in the procedure that he recommends. He would temporize as little as possible, and use as little drugs as he could do with, because they often aid the progress of the disease, instead of arresting it. These growths should be considered malignant, and when in a gland that we can reach, it should be removed immediately. He had been doing this for years. Like all malignant growths, if we delay, secondary deposits will surely follow. He had a case once where a girl had some enlarged glands about her neck. Shortly afterwards her temperature arose rapidly and she subsequently died of acute tuberculosis.

*Dr. J. W. Chambers* said that he had had a certain amount of experience in this class of cases, and some years ago he read a paper on the subject and made a statement that these growths should always be considered malignant, and when possible, they should be removed. The sooner this is done the better. The surgeon who removes the greatest number of these glands from children will have the least number of cases of general tuberculosis to follow. That a certain number of these cases get well there is no doubt. Tuberculosis of the testicles has often been treated by their removal, and with most excellent results, why not the same in glands elsewhere?

*Dr. J. E. Wiltshire* said whilst he is inexperienced in the operative part of the subject presented by *Dr. Kay*; yet he, in common with others of the profession, is interested in the study of tuberculosis; and the more he studied the subject the more he becomes alarmed for the safety of the human race, because of the ubiquity of the tubercular bacilli all are alike liable to their infection. These enter the system by the various avenues of ingress, and if they find a soil favorable to their culture and colonization, tubercular foci are established step by step, until a general miliary tuberculosis is started up; unless the tissues are vigorous enough to resist the march of the enemy that threatens them. *Dr. Wiltshire* is in unison with *Dr. Kay*, as to the tubercular bacilli entering the system by the air passages and alimentary canal; and would like to call attention to the fact that they also find their way through cuts and abrasions in the skin, and when once there they find easy access to the lymph glands, which are a favorite and congenial soil to their culture. The swollen and cheesy glands so often seen in the axillary and cervical regions, and accepted by some as scrofulous, are in fact tubercular foci, only waiting for the conditions to appear that quicken and favor the spread of their contagion. That these foci, if accessible to the surgeon's knife, should be removed, no one will gainsay. Is it true we do not know that we are removing the sole focus of the disease, still the surgeon is warranted in



removing that which might in the future prove a possible source of a general infection.

*Dr. T. W. Kay* said that he had hoped the subject would have received a more extensive discussion. If we find the glands enlarged, superficial and within reach they ought to be removed.

*Dr. B. B. Browne* reported a case of

LAPAROTOMY FOR ABDOMINAL TUMOR WITH  
FISTULOUS OPENING AT THE UMBILICUS,

And showed the specimen.

CASE.—*Mary M.*, single, aged thirty years, had an attack of continued fever about five years ago, lasting several months. About one month after her recovery she noticed a swelling at the umbilicus, which a month afterwards ruptured and discharged a large amount of pus. This fistulous opening at the time the case came under observation (about one year ago) measured five inches in depth. The probe passed into a tumor situated between the umbilicus and symphysis. The tumor was adherent to the abdominal walls on the left side; to the fundus of the uterus and to the left broad ligament. It was removed by enucleation. There was no pedicle. The patient has done well; there has been no rise of temperature of more than one degree.

Microscopical examinations of the growth showed it to be a papillomatous cystic adenoma.

*Dr. W. P. Chunn* asked if the tumor involved either ovary.

*Dr. B. B. Browne* said no, both ovaries were perfectly free. The tumor had no pedicle, and was attached all around by connective tissue.

*Dr. R. M. Hall* asked if he had used antiseptics in doing the operation.

*Dr. B. B. Browne* said that as it was a suppurating wound with which he had to deal, he used a solution of carbolic acid and corrosive sublimate. The wound was dressed with iodoform gauze.

*Dr. W. B. Platt* reported a case of

STRANGULATED HERNIA IN A WOMAN  
EIGHTY YEARS OF AGE.

(See page 306.)

*Dr. James M. Craighill* asked if vomiting is not a prominent symptom after the relief of a strangulated gut.

*Dr. W. B. Platt* said that it might occur from the effects of ether, but not from any other cause.

*Dr. J. W. Chambers* said that this case shows how slightly dangerous is this operation if the gut is in a reasonably good condition. He thinks that the public has been badly trained in reference to it. He shall use this case as an illustration in arguing in favor of the operation when he has to perform it in the future.

W. J. JONES, M. D.

Recording Secretary.

TREATMENT OF SYPHILITIC DISEASE OF THE EYE-LIDS.—*P. Silex* states in the *Deutsche Medicin Wochenschrift*, No. 43, 1888, that the best method of treatment of syphilitic disease of the eye-lids is a sweat "cure" combined with innunciations and followed by the use of about two hundred grains of iodide of potash. Injections of corrosive sublimate and of calomel do not give correspondingly good results. Fourteen patients who had been treated with injections of corrosive sublimate acquired specific disease of the eye in one and one-half years at latest; while of fifty others who had neglected their syphilis up to the outbreak of the eye disease, but then underwent the treatment first mentioned, twenty-five remained free from any symptoms whatsoever for at least one and one-half years; the remaining twenty-six in part had slight relapses and in part had withdrawn themselves from control. In the interstitial keratitis that is frequently associated with hereditary syphilis, the best results were obtained with iodide of potash. To avoid errors in estimating the results effected by a drug, *Silex* cautions against assuming that every eye affection occurring in a syphilitic is in causal connection with syphilis.—*Centralblatt f. d. med. Wissenschaften*, January, 1889.—*Medical and Surgical Reporter*.

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## Editorial.

INFANTILE CONVULSIONS. — Although the treatment of convulsions in children is a subject upon which every practitioner considers himself an authority, yet a good article upon the subject is always worth the reading. In the *Journal of the American Medical Association*, February 9, 1889, Dr. Love discusses the whole matter briefly. The first duty of the physician is to find the cause of the paroxysm, and if possible, to remove the cause; not, as Hænoch, the Berlin authority, teaches, treat the fit first, and when it is over find the cause. Recurring convulsions, from whatever cause, should be prevented, since they may lead to chronic epilepsy or idiocy. Heredity is a frequent cause, a peculiar liability to loss of equilibrium of the nervous system being handed down. Most attacks of convulsions are due to reflex excitement. To combat them the general health of the patient and existing chronic enfeebling disease must receive attention and the habits of life must be regulated. If teething is a

cause of the spasms, the gums must be lanced. The removal of irritating food must be secured by emesis, enemata (of a drachm of glycerine), calomel purge and proper feeding. (We would caution against the simultaneous use of enema and emetics). The ears should be examined for foreign bodies. The mother's temper should be regulated. He has never seen a case which could be, with certainty, traced to worms. He once lost an infant in which the convulsions were probably caused by cutting off (in weaning) of the morphia which it had been used to receiving in the milk of its morphia-eating mother. Circumcision should be done, if necessary. A very important point is the diagnosis between attacks caused by the above-mentioned agents and those which accompany the first stages of fevers. The doctor should always, in convulsions of infants, pass a good thermometer into the rectum. If high temperature is found, due to the onset of eruptive fevers, pneumonia, pleurisy, enteritis, meningitis and malarial or typhoid fever, not hot baths and stimulants, but gently cooling baths and proper treatment for the fever are indicated. To relieve and prevent convulsions in infants he has used acetanilide. It may produce a rash, but quiets the patient and reduces temperature.

ON THE PUBLICATION OF BRIEF NOTES OF CASES. — One of the most decided tendencies in medical writing of the present day is toward brevity and condensation. The long disquisitions which fill our journals are skipped by the busy practitioner, unless they proceed from writers or teachers of great fame. Short articles of a column or half column are carefully read, if their titles indicate an interesting theme. A great need of our journals is for concise reports of rare cases or cases of peculiar interest. A physician who meets frequently his brother practitioners, scarcely passes a week without hearing of some case from the brief relation of which by the physician in attendance he gains insight into difficult cases of his own, or is forewarned against them in future. Why should not such cases be jotted down and



sent to the medical journals, so that not only a narrow circle of acquaintances, but all who take the trouble to read may receive the benefit which they bestow. To illustrate—a physician meets a case of pennyroyal poisoning in his practice; he enquires among his friends and finds that they have never seen such a case; he searches the current literature and his text books and obtains no light whatever on the matter; not feeling equal to an elaborate article on the subject, and not having the boldness to send his simple bare notes to the journal, he drops the whole thing and leaves his experience utterly unrecorded. If one undertakes to search the literature of any subject of clinical interest by aid of the Index Medicus or the Index Catalogue of the Surgeon General's Office, he will soon become aware that much of the most valuable information comes from brief notes of cases published in the *Lancet* and like journals. The advantage which the old physician possesses over his younger brother is his experience, and this "experience" which is of such great value, consists largely in the observance in his own practice or the relation by other physicians of just such little points which no one thinks worthy of jotting down and publication.

### Miscellany.

#### ARTIFICIAL MATURATION OF CATARACT.

—Dr. Parisotti of Rome, in a lecture published in the *Riforma Medica*, describes two cases in which success appeared to follow attempts to induce artificial maturation of cataract by a procedure differing somewhat from the operations proposed by other ophthalmologists for this purpose. Having produced local anæsthesia by means of cocaine, and having washed the eye with antiseptic solution containing corrosive sublimate, Dr. Parisotti makes an incision in the upper part of the sclero-corneal border, about six millimeters in length; the pupil is then dilated by atropine, and, the aqueous humor having

been let out, rather energetic massage is applied to the cornea for about a minute. The antiseptic lotion is again applied and a bandage kept on for three days. In two or three weeks considerable progress is to be observed in the maturation.—*Lancet*.

NON-PARASITIC CHYLURIA.—A somewhat anomalous case of hæmato-chyluria of a non-parasitic character is reported in *La Clinique* as having been in Professor Desmeth's wards in the St. Jean Hospital, Brussels. The patient was a young man of thirty, who attributed the commencement of his disorder to a chill. At first he suffered from pain in the epigastrium; this was followed by some tenesmus of the bladder, causing him to pass urine thirty or forty times a day, the urine being milky and forming a solid clot on standing. This was the third attack of the same affection from which he had suffered. His general health was very fair. After admission it was found that the character of the urine passed was subject to considerable variations, being at times red and forming a coagulum *en bloc*, at other times milky with little or no red tinge, and occasionally of a normal appearance. Sometimes these different types followed one another in regular order, but not always. Under the microscope the epithelial elements were found to be no more than normal; there were never any casts, and what was more remarkable, never any white corpuscles, the opacity being due to the presence of red corpuscles and to that of fat in the form of exceedingly fine granules. Diet appeared to have no effect, and the "attacks of chyluria" seemed to bear no relation to meal-times. Sigmond has reported a case in some respects similar to this, where a fistulous communication existed between the lacteals and the bladder, but, as no white corpuscles were found in this case, there may not be any real analogy between the two, though they agreed in an entire absence of *filaria sanguinis* or any other parasite. The only drug which appeared to exert even a slight effect was copai ba.—*Lancet*.

**TREATMENT OF TONSILLITIS.**—Morell Mackenzie (*Edinburgh Med. Jour.*) states that nine cases out of ten of acute superficial or follicular tonsillitis, or of acute inflammation of any part of the back of the throat, will rapidly recover if gr. iij of the resin of guaiac be given every two hours from the outset of the disease. It is best administered in lozenge form. He sometimes applies locally a little bismuth and opium, or gr.  $\frac{1}{2}$  of morphine with gr.  $\frac{1}{4}$  of starch. This renders the patient more comfortable, and will control the slight diarrhoea which the guaiac occasionally causes. He considers guaiac really specific in acute tonsillitis. Inflammation beginning in the deep part of the gland is less readily checked, especially if not treated early. If the progress of the disease cannot be checked by guaiac, use inhalations of benzoin, hop or conium, and apply poultices externally. Incise directly fluctuation is detected. Use a curved, guarded bistoury and direct the cutting edge *inward* toward the centre of the mouth. The abscess should not be permitted to burst spontaneously. Fatal hemorrhage might result. Troublesome hemorrhage following tonsillotomy, Mackenzie considers rare. When it occurs, he has never failed to check it with a mixture of 2 parts of tannic acid and 1 of gallic acid in a little water. This must be taken in sips and slowly swallowed. Applied with a brush or used as a gargle it does no good.—*Poly-clinic*.

**URIC ACID AND MENTAL DEPRESSION.**—Haig (*Practitioner*) believes he has established that there is a relation between retention of uric acid in the blood and a state of mental despondency. When uric acid is present in excess, depression of mind and irritability of temper are marked, but give place to a feeling of mental buoyancy when the excess is gotten rid of. Many suffer from mental lassitude and depression in the morning between breakfast and lunch. It is at this time that the acidity of the urine is least, and the excretion of uric acid is normally at its greatest. Alkalies will produce artificially this condition of things by washing an excess of uric acid

into the blood. By administering mineral acids in sufficient quantity to neutralize the excessive alkalinity of the blood, the mind clears and a feeling of well-being replaces despondency and heaviness. A strongly alkaline state of blood permits solution of uric acid in excess, which, in its turn, brings about mental depression. Coincident with increased alkalinity of the blood, excretion of uric acid by the kidneys is proportionately in excess of the average. A dose of a mineral acid will drive the uric acid out of the blood and diminish its excretion in the urine. Shooting pains in the joints very commonly accompany the disappearance of the uric acid from the blood. The occasional administration of mineral acids will not always cure headache produced by excess of uric acid. It is important that flesh food be eaten very sparingly. Stimulants must be avoided. In severe cases the diet must be restricted for months to bread, butter, milk, potatoes, and fruits. At the beginning of treatment, the washing out of excess of uric acid may be hastened by gr. xv of sodium salicylate three to four times daily. In some cases a single dose of gr. xx at bedtime is sufficient.—*Polyclinic*.

**PASTEUR INSTITUTES IN ITALY.**—The chief Italian cities are provided with "stazioni antirabbiche," or stations where those who are bitten by dogs suspected to be mad may promptly treated according to the rules laid down by M. Pasteur. Rome, however, is still without an institution of the kind—thanks, it is said, to the not very favourable opinion expressed by some of her most influential physicians as to the efficacy of the Pasteur method. Those of her citizens who have received suspicious bites have, therefore, to go as far afield as Naples for the treatment in question. As this is felt to be a hardship, the communal authorities have just been memorialised with a view to establishing a "stazione antirabbica" for the city and campagna. Small hopes, however, are entertained of the success of the memorial, unless the Medical Academy and the Hygienic Institute give to the Pasteur method the adhesion they have hitherto withheld.—*Lancet*.



### Medical Items.

The California State Medical Society meets on April 17th.

Dr. Löwenthal thinks that he has found in salol a specific for cholera.

Dr. D. W. Bliss of Washington, died last Thursday.

Dr. Amos L. Gage of this city was married last Wednesday to Miss Emma Abbott of Annapolis.

Professor Ziegler of Tübingen has been invited to take the Professorship of Pathological Anatomy in the University of Freiburg.

It is said that the city council of Jacksonville has employed E. W. Bowditch, sanitary expert, of Boston, to make a thorough examination of the sewerage system of Jacksonville.

A number of prominent citizens, physicians and laymen, of Brooklyn, New York, have organized for the establishment of a throat and ear hospital in that city.

"Methylbenzoinethoxyethyltetrahydropyridinecasboxylate," is the chemical terminology for cocaine. No wonder students fail to see the beauties of chemistry.

Dr. Kruss, a chemist of Munich, Germany, is said to have succeeded in decomposing cobalt and nickel, both of which have hitherto been supposed to be elementary substances.

Professor Krafft-Ebing, of Gratz, has been nominated as successor to Professor Leidersdorf in the chair of Anatomy at Vienna. This will raise the number of Professors belonging to the German empire at Vienna to five.

The *Edinburgh Medical Journal* quotes a recent epigram of Mr. Baron Huddleston as follows:—"Such was the intricacy of the lunacy laws," said his lordship, "that they had a tendency to reduce persons who gave an abuse study to them into persons for whose benefit they were intended."

The Sanitary Superintendent of New York City, says the *New York Medical Journal*, February 2, has reported to the Health Board that water contaminated with sewage is being used in some instances in the manufacture of carbonated waters. Physicians should bear in mind the possibility of such contamination when prescribing artificial carbonated waters.

The Middleton Goldsmith Lecture for 1889 was delivered by Dr. Reginald H. Fitz, Shattuck Professor of Pathology in the Harvard Medical School, in the hall of the New York Academy of Medicine, on Saturday, February 16th, at 8½ o'clock P. M. The subject was: "Acute Pancreatitis, with an especial consideration of Pancreatic Hemorrhage, Hemorrhagic Pancreatitis, and Subperitoneal Fat Necrosis."

The Union Protestant Infirmary of this city, has introduced trained nurses from the Philadelphia Training School. As it is one of the few hospitals where physicians of good standing may send patients to private rooms and attend them in person with no restrictions, its advantages are very evident.

Besides purchasing the property occupied during the past five years, Nos. 224 to 230 East Twentieth Street, at \$60,000, the property adjoining has been leased for ten years, by the Post-Graduate Hospital and Medical School of New York City, for the purpose of increasing the babies' wards of the hospital. The former ward for infants will be converted into a lying-in ward.

A correspondent to the Philadelphia Medical Times, writes that one of his patients is affected with asthma, and can only live in comfort in the hills of Montana: while his wife is only free from rheumatism while in Southern California. Does any one know of a neutral ground, where these unfortunates may enjoy life and each other's society at the same time? Or, would inability to come within 1000 miles of each other constitute legal grounds for a divorce?

We are authorized to state that the Trustees of Johns Hopkins Hospital have appointed Dr. Wm. S. Halstead of Baltimore, Surgeon in chief to the Dispensary and Acting Surgeon to the Hospital. By their authority, Dr. Halstead will at once go to Europe to purchase such surgical instruments and medical appliances as may be required for the hospital, a liberal appropriation having been made for this purpose. The ceremonious opening of the Hospital will take place on Tuesday May 7, 1889, and patients will be received a few days later.

The value of "First Aid" instruction was recently shown in Sheffield, England. A father discovered early one morning that three of his children, sleeping in the same room, were unconscious from inhaling gas. Hastening away for a physician he met two policemen, told them what had occurred, and continued on his way. The policemen entered the house, carried the children to the street, laid them on their capes, and began artificial respiration. It seemed at first that their efforts would be in vain, but they continued at work, and when the physician arrived the children were pronounced out of danger.

The editorship of the *Medicinische Monatschrift* is now in the hands of Dr. A. Seibert, New York. His regular staff consists of the following gentlemen:

Drs. Max Einhorn, for the Diseases of the Organs of Digestion and Circulation; Joseph W. Gleitsmann, for Diseases of the Organs of Respiration; George W. Jacoby, for Diseases of the Nervous System; H. Klotz, for Diseases of the Skin and Syphilis; F. Krug, for Gynecology; S. J. Meltzer, for Physiology; Wil-Meyer and George Degner, for Surgery; C. Von Ramdohr, for Obstetrics; A. Schap-ringer, for Diseases of the Eye; A. Seibert, for Diseases of Children and Hygiene.

Original Articles

A CONTRIBUTION TO THE STUDY OF NERVOUS COUGH.\*

BY C. W. RICHARDSON, M. D.

WASHINGTON, D. C.

*Synonyms.*—Tussis Nervosa; Tussis Ferina; Hysterical Cough; Der hysterische Krampfhusten; Der nervöse Kehlkopfhusten; De la toux hysterique.

*Definition.*—By the term nervous cough we understand the existence of a cough with an absolutely normal condition of the respiratory tract, not due to a reflex agency—such as enlarged bronchial glands, aneurism, etc.—peculiar in its acoustic properties, in the time, manner and method of its onset.

Writers differ in regard to the name given this condition, for while defining the same disease and giving analagous symptoms, one designates it nervous and another hysterical cough. I consider the name *nervous* more suitable. There are a few writers still who describe and classify a condition, differing in no particular from the disease under consideration, excepting an irregular movement of the vocal cords which, they state, exists in the affection known as chorea laryngis. I cannot understand why they make this error in classification. It is inexplicable to me how the spastic, irregular, inco-ordinate and contrary to the intended purpose contraction of the vocal bands can *by itself* produce a sound such as is ordinarily described by these writers, as characteristic of chorea laryngis. In order to produce the loud, barking, explosive, howling, bellowing, musical cough of a rhythmical character, it is necessary to have another all-essential factor, viz.: a violent explosive and sudden expiration. Chorea in its very name signifies irregular muscular contraction, an action contrary to that which is intended. We would hardly expect the same movement to repeat itself constantly in the larynx, in a rhyth-

mical manner, and to occur only at stated intervals yet not interfering with its ordinary functions. Such is not the character of chorea when it affects the extremities, head or other organs of the body, for the movements are neither rhythmical, nor the same upon the opposite sides and are usually most marked when patients attempt to exercise the member affected. Irregularity in the muscular movements is so prominent a symptom of chorea as to cause Roberts\* to state, "The term 'insanity of the muscles' has been well applied to the absurd, disorderly, involuntary movements which are observed," and Wharton Sinkler to define it as follows: "Chorea, as we now understand it, is a spasmodic neurosis characterized by constant involuntary and irregular jerkings and twitchings of muscles or groups of muscles, which, in the majority of cases, cease during sleep, and are accompanied by more or less psychical disturbance in the most instances." It is necessary, as we have stated above, that another factor should exist besides the contraction of the vocal bands, viz.: a sudden violent explosive expiration, whereby the cords are forced asunder. Admitting the existence of a localized chorea of the laryngeal muscles, must their simple, irregular, inco-ordinate, spastic contraction produce a cough? I cannot understand the relationship between the two. We must also have a chorea of the essential respiratory muscles, but this will not simplify matters, for the movements must be regular in order to produce a cough. Major states that such a condition exists; his definition of chorea laryngis, is as follows, viz.: "A typical case of laryngeal chorea may be defined to be one in which there is an involuntary and uncontrollable cough during waking hours, absent during sleep, spasmodic in character and accompanied by various sounds resembling the noise produced when straining, the barking of a dog and so forth. There is associated with it spasm of the respiratory muscles of the chest and abdomen."

\*Read before the Clinico-Pathological Society of Washington, D. C., December 18, 1889.

\*Theory and Practice of Medicine, part 11, p. 411. Canadian M & S. J. System of Medicine, Pepper, vol. V., p. 440, 85-6, XIV, 337-40.



*“Examination of Larynx.*—The act of coughing is found to be preceded by spasm of the laryngeal adductor muscles bringing the vocal cords into close relation, often with an audible click, when the action of the expiratory muscles suddenly force them apart, producing the somewhat characteristic cough.” Major in this definition, which is a typical one given by those who classify all these spasmodic coughs as chorea laryngis, merely describes an ordinary, simple cough, as one will readily see on subjecting the definition to analysis, for every cough is uncontrollable, involuntary, may or may not occur during waking hours or sleep, is spasmodic in character, and attended with contraction (spasm) of the expiratory muscles. Examination of the larynx during a violent paroxysm of cough will show exactly the muscular movements that he describes as characteristic of this condition, excepting the audible click. I can readily see that such a condition as chorea laryngis could give rise to more or less interference with phonation, possibly of respiration, but how the mere spastic contraction of the laryngeal muscles can give rise to a cough is more than I can comprehend. The spasmodic twitching which several writers have described as preceding the closure of the vocal cords, I believe due to the patient’s voluntary, or frequently involuntary, efforts to suppress the approaching paroxysm. Such twitching we have observed on several occasions, when patients have striven to suppress a cough while undergoing laryngeal examination. I should prefer to class those cases of which the marked symptom is a cough of a paroxysmal nature, with nervous coughs, though there be no evidence of disease of the genital organs—one writer seems to think this condition essential to make a case nervous, or hysterical, as he designates it. Another most important consideration in this connection, which we have only casually referred to above, is the fact, that the choreaformic movements usually become more violent, while the patient is attempting to exercise the affected member. The normal functions of the larynx are those of pho-

nation and respiration. Does this so-called laryngeal chorea, in which cough is the prominent symptom, cause any direct interference with those functions? I answer no, there is no dysphonia, aphonia, phonetic spasm of glottis or interference with respiratory functions. In my above remarks I must be considered as referring only to those so-called cases of chorea laryngis, in which the cough is considered to be the essential feature. I do not doubt the existence of cases in which we have choreaformic movements of the laryngeal muscles, but then cough is always an absent feature. Edgar Holden\* gives quite a graphic description of a most interesting case of this kind. He states, “The thyro-arytenoids, the arytenoids and the crico-arytenoids seemed endowed with individual life, twitching and starting in the most erratic manner. There is no peculiar cough, bark or stridulous, for there was not sufficient co-ordination to produce these, nor was the patient conscious of the choreic condition, the inability to speak aloud being the only inconvenience.” The affection of the speech so common in general chorea, in which both the tone and pitch of the voice are altered, and in which the patient speaks in a hurried, jerky manner, are no doubt largely due to spasm of the laryngeal muscles; and if more cases of general chorea were subjected to laryngeal examination we would not find it necessary to enter other fields for cases of chorea laryngis. It seems to me that the subject would be very much simplified by classing those cases in which the paroxysmal cough is the manifest symptom with the nervous affection, and those attended with choreaformic movements of the laryngeal muscles and absence of cough with the laryngeal choreas.

*History.*—The early history of nervous cough is quite obscure on account of the uncertainty and want of exactness in many of the reported cases. In all probability this condition has existed for many centuries, under various names, and it is possibly this condition which, in the sixteenth century, received the name “de-

\*Trans. Am. Lang. Ass., N. Y., 1884, vi, 128.

lirium of the barkers." It was not until the latter part of the eighteenth century that we find a well authenticated case reported. This report was made by Archibald Douglas,\* in 1784. Dr. Charles Leith† of Montrose, Scotland, reported a probable case in 1779, but there is a sufficient want of accuracy to make the case doubtful. During the present century several very excellent monographs and numerous reports of cases have been made in the French and German, but there is a remarkable dearth of literature upon this subject in the English. In America this subject has not been given the attention and consideration that it deserves; and excepting the report of numerous cases, scattered here and there through our journals, we find nothing of any moment excepting the quite interesting paper of Dr. J. C. Mulhall‡ of St. Louis. In one of the latest works on laryngology the author states, "My own impression is that there is *always* an objective reason for such a condition."\* This seems rather a broad statement to make in face of the numerous observations made by most astute and experienced observers.

*Etiology.*—Age plays a most important etiological factor in this disorder, for it is most frequently observed in the young, between the fourteenth and twenty-fourth years, although no age, in the female sex, seems to be exempt. The period at which it most frequently first manifests itself is about the age of puberty. After the twenty-fourth year it seems seldom to develop, although there are well authenticated cases where it appears as late as the forty-third year. Sex is secondary only to age in etiological importance. Until puberty both sexes are affected with this disorder, but after the establishment of this period the male sex seems to attain an almost complete immunity. Under all circumstances the female sex is much more susceptible to the disorder than males, as they are to all diseases of this type. Location, season, altitude and

temperature have no influence upon the development of this condition. Any condition of the general system which has a tendency to increase the excitability, or to re-act in any injurious manner upon the nervous system, must be considered as important remote etiological factors. It has been stated that nervous cough is never the earliest manifestation of a nervous temperament, but that other evidences of this condition always precede the development of the cough. Such is not my experience, nor that of others (Lasèque). In most of the cases which have fallen under my observation this cough has been the first and only evidence of a nervous or hysterical temperament. The immediate etiological factor in most cases of nervous cough is a cold, which may be general or localized in the larynx. From this as an etiological basis the cough commences and continues, with or without interruption, until relief is found spontaneously, or through the instrumentality of medical aid.

*Symptoms.*—Nervous cough manifests itself under two distinct types, differing from each other not only as to character, but also as to nature and manner of occurrence of the cough. The two forms may, for want of a better definition, be designated as the paroxysmal and the non-paroxysmal, or rhythmical cough. To designate the second form solely as a rhythmical cough, would be misleading for the paroxysms in the first form frequently occur with a marked rhythm. The paroxysmal cough is that form which is most frequently observed, and is usually manifested in individuals under twenty-four years of age. The usual precursor of a paroxysmal cough is more or less tickling or feeling of irritation in the larynx, but this sensation may be, and very frequently is absent, the patient having no unpleasant sensation referred to this organ. The acoustic properties of the cough are very difficult to describe, for it cannot be likened to any sound produced by the larynx in any other condition but is such that, having been once heard, will never be forgotten—it is a peculiar loud, barking expiratory explosion. Even to one accustomed to hearing and seeing

\*Med. Obs. by a Soc. of Lond. Phys., 1781, vi.

†Med. and Phil. Comment., London, 1779, vi, 343.

‡St. Louis M. & S. J., 1880, xxxviii, 315.

\*Lennox Browne on the Throat, Nose and Ear.



paroxysms of coughs, of all natures and character, this form is especially harrowing, and one who has any regard for his nerves cannot remain long in the presence of a person suffering from this affection. It is very difficult to describe a typical form of the paroxysmal cough. We can only give types, which possess one common attribute, the paroxysmal nature. The paroxysms vary in duration, in frequency, in time of onset and in rhythm. The cough may exist during the whole period of time that the patient is awake; or its invasion may occur at a certain hour of the day, last a certain period, and then subside as suddenly as it appeared. A paroxysm consists of several—from two to ten or more—violent coughs followed by an inspiration, then almost immediately repeated. This cycle may be repeated a dozen times, more or less, before a marked period of intermission occurs. The intervals between the completed paroxysm may vary from a few minutes to an hour—occasionally occurring at regular and rhythmical-like intervals. The cough may exist during the whole period of invasion, paroxysm following paroxysm without interval of rest. This happens almost solely in those cases in which the cough comes only during a certain period of the day, although several cases are reported where such a condition existed during all the waking hours.\* The cough may have marked rhythm, although it is usually absent. During the height of the paroxysm the patient is unable to suppress or modify the cough.

The non-paroxysmal or rhythmical form of nervous cough is characterized by a peculiar barking cough—not paroxysmal—a deep laryngeal note resembling the sound *ha*, occurring at regular intervals. This form of cough is usually a transformation from or a secondary stage of the paroxysmal. It never occurs primarily under the twentieth year of age. It is essentially a cough of the females. It is never observed in the males. Rhythm is the most prominent feature of this cough. On separate occasions I

have timed the cough, without the patient being aware of my intention, and observed, on all occasions, that the explosive *ha* occurred with rhythmical-like precision. In this form we have no interval of rest, excepting during eating and sleeping.

In nervous cough the respiratory movements are less frequent than normal, while deep inspiration is avoided. There is never any cyanosis, dyspnoea, nor is the pulse accelerated. Cough always ceases during sleep. Priestly\* describes a case in which the paroxysms only occurred at night. Expectoration is very slight or entirely absent. Expectoration when present is not the result of any catarrhal condition, but rather the outpouring from the hyperæmic mucous membrane produced during and as a result of the violence of the paroxysm. Patients usually wish to be left alone, do not seek notoriety, and are usually modest in stating the severity of their symptoms to medical attendant. Cough is always more severe, if patients are conscious of being watched, criticised or undergoing medical examination. The cough usually preserves its identity, exhibiting no tendency to transform itself into other forms of hysteria (Lasqueu). It is essentially a chronic condition. Medicines (narcotics) have either very little or no effect upon the cough. A very interesting feature not usually observed in coughs of even moderate severity, is the entire absence to pain both in throat and chest. It is no less interesting to observe the apparent little ill-effect of this continued and severe paroxysmal cough upon the general physical condition of the individual.

In most cases the cough has no ill-effect, however long it may continue; nevertheless, there are cases where, after it has existed for a long period, it does make gradual inroads upon the general nutrition. The loss of weight in these cases never occurs until the patient becomes depressed, partly as a result of the continuation and increased severity of cough, and partly from the annoying solicitation of friends. Why we should have in whooping-cough, but not in this

\*Harley—*Med. Times and Gaz.*, London, 1861, 358.

\*Am. Med. Monthly and N. Y. Rev. 1861, xv.

condition such marked evidence of cyanosis and dyspnoea can only be explained by the absence in the latter of spasm of the glottis. The observations of Rosenbach of Breslau are interesting in this connection, because, in conjunction with the above noted facts, they explain most fully the reason for absence of dyspnoea. Rosenbach states "The peculiar circumstance will be clear when one examines the patient carefully during the paroxysms. The patient is able, by a wholly peculiar, and not easily to imitate fixation of the thorax, in the full inspiratory position, or position nearly resembling, and through quite short contraction of the upper portion of the abdominal muscles to produce a loud barking cough, etc." Very frequently after the cough has existed for a certain period of time there is produced a hyperæmic condition of the mucous membrane covering the inter-arytenoid and the ary-arytenoid folds. This condition is difficult to differentiate from a simple laryngitis, due to other agencies, and would give rise to error, did not one keep in mind the existence of the cough which in itself is sufficient to account for the abnormal condition. Rosenbach describes a condition of atelectasis involving that portion of the right lung corresponding to the fossa supraspinatus which disappears after the cessation of the cough without leaving any evil results. I have never noticed this condition in any of the cases that have been under my observation.

*Pathology.*—The pathology of nervous cough cannot differ from that of hysteria. At one time it seemed as though the term hysteria were synonymous with a diseased condition of the uterus and its appendages, and many of the writers upon this subject (nervous cough) seem to consider so it at the present writing. That these organs have an overrated and unimportant pathological relationship to this disease can be evinced by the fact that this condition is more frequent and almost solely manifested in females who have no interference with the menstrual functions, or disease of the genitalia. This condition is also manifested in the male. I cannot but feel convinced that those who reason upon this hypothesis commit a great error, and, will dismiss

the subject from further consideration. We must recognize in this condition not only an increased reflex excitability and hyperæsthesia of the laryngeal mucous surface, but also an increased susceptibility of the perceptive centres. Yet the most important element in this pathological chain is the diminished or complete loss of the inhibitory power of the will. That this increased reflex excitability or hyperæsthetic condition of the laryngeal mucous surface is not an all-important factor in the pathology of this condition, is proved by the fact that local anæsthetics have little or no influence upon either the frequency or severity of the paroxysms. The increased susceptibility of the perceptive centres and loss of the inhibitory power of the will are essential pathological factors so proved by the fact that the condition can be controlled by the patient if he exerts or brings into play his dormant will power. The reason that patients cease coughing when their minds are suddenly and actively diverted into other channels, is because they bring their will power to bear upon this condition in order to give attention to a new subject which excites their curiosity, or on account of their mind being so thoroughly engrossed with the new impression as to involuntarily inhibit the refractory cough. The result of treatment also gives the most marked testimony to these conditions being the only and all important pathological features. Local and general treatment have but little, or no effect upon this condition. We must stimulate the patient's will power in order to achieve success.

*Diagnosis.*—The diagnosis of this condition ought not to be attended with much difficulty if one keeps in mind the essential features of the affection. To be called a nervous cough, it must present the following features, viz:

1. The presence of a normal respiratory tract.

2. The absence of any and all sources of irritation anywhere in the body that might excite a cough reflexly.

3. It must be paroxysmal, or rhythmical, cease during sleep, and be without expectoration.



4. The absence of fever, or of any general disturbance.

5. Failure of narcotics to give any relief.

The evidence of previously existing nervous symptoms strengthens the diagnosis.

*Prognosis.*—The prognosis varies according to the particular symptoms which may be present. In the paroxysmal forms we may hope, by a careful and judicious treatment, for success, in a very short time. Such a pleasant result is not always the sequel of our efforts, for occasionally one will meet a case resisting even the most persistent and energetic treatment. Some times a case, after passing from medical care will be relieved in a spontaneous and seemingly miraculous manner. The rhythmical or non-paroxysmal cough is very obstinate—seems to resist all manner and forms of treatment. Change of climate and sea voyage, employed after failure of treatment in the former condition, and often attended with a most happy result, has no effect upon this form of nervous cough. It is remarkable to note the slight ill effect upon the general system. The cough may exist for years without patients losing either bodily weight or strength. Gottstein speaks of a case where the cough has existed for over twelve years, and the patient appeared as well nourished as when first seen.

*Treatment.*—As this condition is largely due to an increased susceptibility of the perceptive centres; or impairment to complete loss of the inhibitory power of the will; or both conjointly; so we must direct our therapeutic efforts to the diminution of the one and the strengthening of the other. The question now arises as to how much can be attained by local treatment, how much by general treatment, and how much by treatment of a non-medical character. One would immediately recognize the fact that the most important element, in the treatment of this condition, is the correcting and strengthening of the perverted will power. Local and general treatment, in themselves singly or combined, cannot be of any lasting value

unless supported by psychical aid. To be sure this plan demands the necessity of exerting a considerable amount of patience on the part of the medical attendant, who will be greatly repayed with the success often attained. As soon as we recognize the condition, we must immediately attempt to win the confidence of the patient without which it would be far better for the practitioner to relinquish the case at once, otherwise failure is assured. After having gained this, we must then employ such therapeutic resources as stimulate and inspire self-confidence in the patient: having gained these elements our success is assured. We must conduct ourselves so as to convince them of our understanding of their case; and imply rather than offer assurance of relief. Unkindness, harshness and brutality *must not* form any part of treatment. Patients must be told of the danger attending the continuation of a cough of such severity, and of its tendency to set up various forms of pulmonary trouble. All these must be resorted to, in order to act upon their reason and fears, in other words the patient must be reasoned, talked and frightened into exerting their dormant will power. One must be excessively cautious while resorting to these methods not to overdo the matter. The patient must be reasoned with in a quiet forcible but gentle manner, and when it becomes necessary to frighten them it must be done in a forcible, reasonable, and logical manner, as though an essential part of treatment and not for the purpose of arousing fear. Secondary to this is a certain amount of local and general treatment, both of which, at times assist us materially. We can frequently, after having gained the confidence of the patient, obtain a most brilliant success by assuring them that some simple local application or some mild anti-spasmodic remedy will give them absolute relief. It is through these mediums also that we frequently resort to those methods of treatment directed to making vivid impressions upon or frightening the patient. Having once carried our patient through a paroxysm or caused a cessation of cough we must follow them closely, in

order to hold their moral resolution in good tone. It is very easy for these individuals to relapse. After each relapse the complete relief becomes more and more difficult. After all other methods have been resorted to and found of no avail it is wise to advise a change of climate, preferably a sea voyage. This last resort is very often attended by most excellent results, although it is unfortunately not within the means of all sufferers from this terrible affection.

To the following three cases I wish especially to direct your attention. The first is a typical nervous cough having a periodical invasion and onset; the second I present on account of the peculiar manner and time of onset of the paroxysms; and the third as a case unique.—I have never heard or read of a case in which hysterical aphonia alternated with a rhythmical cough.

*Case I.*—Miss X, æt. nineteen, referred to me by Dr. D. K. Shute, came under my care September 27th, 1887, being lead to consult me on account of frequently recurring attacks of tonsillitis. Finding her tonsils very much hypertrophied, I extirpated them. She was quite anæmic, the larynx being almost bloodless. Her tonsils giving no further inconvenience, she passed from my observation. On the 17th of last May she again consulted me on account of a severe cough which had annoyed her for about six weeks. At this visit she was accompanied by her mother, who had become excessively alarmed as to her daughter's condition fearing that she would not impress upon me the severity of her cough and the urgent need for relief. She stated that she was completely free from all cough during the forenoon but as soon as the hour of four was reached the paroxysm would occur. These attacks were preceded by no unpleasant sensation in the throat. The cough was of a loud bellowing character and occurred in paroxysms. She would have half a dozen violent coughs followed by an interval of rest of a couple of minutes, after which another paroxysm would occur. Such was the history during the whole afternoon and evening until bed-time, when the parox-

ysms would cease as suddenly as they appeared. This cough was sufficiently sonorous to disturb the neighborhood in which she lived. Examination of the respiratory tract gave no evidence of any deviation from the normal excepting the marked anæmic condition of the laryngeal mucous surface. All functions were normally performed. Although the patient was well nourished, she was anæmic, had very little appetite, and seldom partook of animal food. One of the most interesting features in connection with this cough, was the marked periodicity which it had shown during the last three years. About the middle of spring three years ago, this young lady was first affected with this disorder, and every year since, at about the same period its invasions occurred. Each year the frequency and severity of the paroxysms had been intensified. The cough had, on each of the two preceding years, disappeared suddenly, about the time of the first appearance of frost. During the winter, unless suffering from an ordinary cold, she was completely free from all cough. It is well worth here to remark that the young lady had a sister, living in Utah, who has drifted into the second form of nervous cough. I was never able to obtain the slightest history of any hysterical manifestations, nor was she, from appearances, one in whom the existence of such a condition would be expected. She was placed under treatment and made a most rapid and satisfactory recovery.

*Case II.*—A robust, well nourished young lady of twenty-two years consulted me, on the 9th of last April, on account of a troublesome cough that had annoyed her since the preceding September. She dates her trouble from a cold, contracted while visiting friends in Iowa, and increased by another contracted shortly after, while visiting in Chicago. Immediately on her arrival home, she placed herself under medical care and remained so until at last she found relief. At first, she fell into the hands of a homeopath, skilled in quackery; then into the hands of a learned friend who described her cough as issuing from the lungs, then from the heart



and, as a *dernier resort*, from the stomach; and then into the hands of a brother specialist—he certainly seemed not to have recognized the nature of her trouble. The young lady's general health was as near perfect as could be expected; her functions were all performed normally; she ate and slept well. She had never had any menstrual pain or trouble. She is an unusually bright, attractive, cheery individual, never given to periods of depression and entirely free from any nervous symptoms. Examination of nose, naso-pharynx, pharynx and larynx showed that all these parts were in a normal condition. Physical examination of heart and lungs gave a negative diagnosis. There seemed no tangible cause for such a condition as existed. The most interesting and peculiar feature of her cough was the manner and time of its onset. At about 11 o'clock every evening, whether asleep, awake, or under whatever circumstances she would find herself, she would be seized with a violent paroxysm of sneezing, lasting only about one minute, which was immediately followed by the paroxysms of cough. The cough was of a peculiar loud, barking character, would disturb all the members of her household and prevent anyone sleeping as long as the paroxysms lasted. The invasion, as I stated above, was at the hour of eleven and the paroxysms did not terminate until one, and, as a consequence, her family, friends, and neighbors were wrought to an intense state of excitement and desire for relief. Her paroxysms of cough were so severe and continuous as not to allow her more than sufficient time to give monosyllabic answers to questions directed to her. During these paroxysms she never suffered for want of breath nor did she become in the least bit cyanosed. She states that she never suffered the slightest inconvenience by the paroxysms, nor never had any pain in throat and chest during or after the seizure. Immediately after cessation of the attack she would recover her wonted cheerfulness, and after jesting with her parents and friends about their manifested anxiety she would pass off into a refreshing slumber. On the following day, excepting a slight heaviness

due to loss of sleep, she felt perfectly well—she slept well, ate well, and during the remaining twenty-four hours was well. Narcotics had no effect on her cough. She made, within two weeks, an excellent recovery.

*Case III.*—Miss Z., twenty-five years of age, consulted me on the first of last September on account of a peculiar nervous condition from which she had been suffering. She states that about eighteen months ago she had quite a severe laryngitis, attended with a complete loss of voice. For a subsequent period, of about two months, she would occasionally, quite suddenly, lose her voice and as suddenly regain it. The second period was brought to a termination by another severe attack of laryngitis, attended by a most violent cough. In due course of time, the larynx returned to its normal condition but the cough, paroxysmal, loud, of a deep bellowing character remained, showing possibly an increase in severity. This cough was a typical paroxysmal nervous cough. For the next six months her condition remained about the same. One day while calling loudly to her mother, her voice forsook her and she remained aphonic and free from cough for the succeeding two days, at the end of this time her cough returned—not paroxysmal in nature—but a rhythmical cough occurring once in every two minutes, a short, deep, dry expiratory bark. This condition has alternated with one of more or less complete aphonia during the last eight months and probably continues to the present writing. The cough ceased during sleep and eating, and when her mind was suddenly diverted but existed at all other times. Respiratory tract, heart and digestive system normal. No menstrual trouble or disease of genitalia. Narcotics had no influence on cough. She was markedly nervous—crying spells, etc. I could give her no relief, and she drifted from my observation.

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Among the contributors to Keating's *Cyclopædia of the diseases of children* are Drs. I. E. Atkinson, John N. Mackenzie, Wm. Osler, Wm. H. Welch, W. D. Booker, W. T. Councilman, Wm. Lee, F. T. Miles and John Van Bibber of this city.

# HÆMATEMESIS TO THE EXTENT OF OVER TWO GALLONS OF BLOOD, WITH RECOVERY.

BY T. CHALMERS PEEBLES, M.D.,  
OF LUTHERVILLE, MD.

Mr. — aged 32, a stout man of sedentary habits, weighing about 190 pounds, while measuring lumber near Norfolk, Va., October 20th, 1888, was taken with faintness followed by sick stomach when a quart of bright red blood was vomited.

Dr. Truett attended the case and Dr. Parrish of Portsmouth was called in consultation. Seven more hemorrhages occurred, at various intervals up to the time the patient was brought to me. The amount of blood lost was not less than ten pints, in spite of many remedies used, viz: ergotine hypodermically, turpentine, bismuth, opium, ice internally and externally, etc.. November 8th Mr. — arrived at Lutherville under the charge of Dr. Truett. He was under the influence of morphia, and lay on his back on a canvass cot. In this way he had been carried on the night boat from Norfolk. I never saw a living person so bloodless, even his tongue was almost colorless. On examination I found no tenderness or pain anywhere over the abdomen. The stomach was distended, liver dulness apparently diminished, flesh white, flabby and soft. Pulse 92 and thread-like, anæmic murmur over heart, temperature 98°. Next day November 9th, pulse 100, temperature 99½° vomited sixteen ounces of bright arterial blood. The interval from last hemorrhage being sixty-eight hours.

November 13th vomited fifteen ounces of blood, interval ninety-three hours—15th, 4 o'clock P. M. vomited one pint of dark coagulated blood,—19th, one pint coagulated blood,—22nd, twelve ounces bright red blood—28th, eight ounces.—December 6th and 7th had two hemorrhages, which together made less than a pint. Total amount of blood lost was over two gallons.

This case was diagnosed as cirrhosis of the liver and the patient was sent



home to die. My treatment consisted in trying to nourish the patient by the bowels, giving both concentrated meat extracts and brandy in that way. Internally, at first he took pyrogallic acid in two grain doses, with crushed ice every second hour. Digitalis and fluid hydragricis, later tincture of mux vomica, and muriatic tincture of iron. Friction with a liniment containing nitro-muriatic acid was applied over the stomach, for the purpose of contracting that organ. The patient lay on his back for nine weeks and great care was observed in allowing a return to solid foods.

I am glad to report that Mr. — now weighs 160 pounds, has a good appetite is gaining strength and is able to walk around the village.

On reviewing this case I feel satisfied that the hemorrhage came from an ulcer in the stomach and that it was not a case of cirrhosis of the liver. The blood was arterial, and was only dark and coagulated when retained longer than usual in the stomach.

On one occasion only was any blood voided by the bowels. The actions from the bowels were bilious throughout his sickness.

I forgot to mention that during, and for some weeks after the hemorrhages my patient could not distinguish the features of his friends at the distance of ten feet from his bed. The light was also distressing to him. Previous to his illness his sight was good.

### Society Reports.

#### THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D.C.

STATED MEETING HELD DEC. 18TH, 1888.

*Dr. C. W. Richardson* read a paper entitled

NERVOUS COUGH,  
(See page 341.)

*Dr. Fox*, in opening the discussion, spoke of the interesting nature of *Dr. Richardson's* paper and the small amount of literature on the subject.

He related the history of a case,

which is reported, of a boy where shock had been tried, first by electricity, both the interrupted and continuous current with no result. Then he was taken to the operating room where surgical instruments were displayed, etherized, and told he had been operated upon and cured, though, also without satisfactory results.

He also spoke of a case of blindness reported, for which no cause could be assigned, electricity was applied and the patient was told she was better; her eyesight at once began to improve and finally was cured.

Nothing can be said to cure patients with nervous cough; the mind must be worked upon—he also spoke of ear-cough and mental effects.

*Dr. Richardson* in closing said he had hoped something might have been said in reference to reflex cough, but as it had not been mentioned he would not discuss it now as the field was too broad. He referred to another case of nervous cough, which he had seen in several of the clinics of Germany, and spoke of how they drift about with no relief.

*Dr. Fox* asked *Dr. Richardson* what he thought of spontaneous cure referred to by Koch?

*Dr. Richardson* said he thought it a mistake to say that they were cured spontaneously, in the full acceptance of this term.

The effect seemed to be spontaneous and was so spoken of by Koch himself and others; but in all these cases there is some therapeutic or psychical agent acting, unobserved by the investigator, which produces the desired result.

### Reviews, Books and Pamphlets.

*Essentials of Physics and Chemistry*, written especially for the use of students in medicine. By CONDIOT W. CUTLER, M. S., M. D., Physician in Chief to the New York Dispensary, etc. Third Edition, enlarged and revised. New York and London: G. P. Putnam's Sons, The Knickerbocker Press; Baltimore: Cushings & Bailey. 1889. Pp. 296. Price \$2.00.

When a text book has reached its third edition its reputation is made. The author has succeeded in boiling down the facts of physics and chemistry to a very small space, making it an excellent work of review for one wishing to brush up an old subject, as the author intended; but in some places it is very dictionary-like and almost too meagre. The subject of chemistry occupies the greater part of the work. The typography of the book is excellent.

*Handbook of the Diagnosis and Treatment of Skin Diseases.* By ARTHUR VAN HARLINGEN, M. D., Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates in Medicine; Clinical Lecturer on Dermatology in the Jefferson Medical College. Second Edition, enlarged and revised, with eight full-page plates and other illustrations. Philadelphia: P. Blakiston, Son & Co.; Baltimore: Cushings & Bailey. 1889. Pp. 410. Price \$2.50.

This differs very slightly from many similar handbooks. The diseases are arranged alphabetically and a full table of contents is also added. A large number of prescriptions appear throughout the book, illustrating the treatment in each case.

*Exploration of the Chest in Health and Disease.* By STEPHEN SMITH BURT, M. D., Professor of Clinical Medicine and Physical Diagnosis in the New York Post-Graduate School and Hospital, etc. New York: D. Appleton & Co.; Baltimore: Cushings & Bailey. 1889. Pp. 206. Price \$1.50.

This is a small but exceedingly comprehensive book on auscultation and percussion, and is evidently written by one who has given frequent instruction on the subject. In the six usual methods of examination the author substitutes calorimetation or thermometry instead of the usual division of succussion. After each disease a summary of the principal signs and symptoms is given. The book is well printed, with a sufficient number of cuts and diagrams to make it of especial value to students.

*The Year-Book of Treatment for 1889.*

Being a critical review of the practice of medicine and surgery during 1888. Philadelphia. Lea Brothers & Co.; Baltimore. Cushings & Bailey. 1889. Pp. 344. Price \$1.50.

This is a very valuable reference work, which is published annually in this country and in England. The contributors are all English and many of the authorities referred to are American. It differs little from previous editions.

*Handbook of Materia Medica, Pharmacy and Therapeutics.* Compiled for the use of students preparing for examination. By CUTHBERT BOWEN, M. D., B. A., Editor of "Notes on Practice." Philadelphia and London: F. A. Davis, Publisher. 1888. Pp. 366. Price \$1.40 net.

For a student of medicine or pharmacy preparing for examination this book might be of assistance in reviewing. It is in the form of a catechism. After each drug, a few prescriptions are given as examples.

*International Pocket Medical Formulary.* By C. SUMNER WITHERSTINE, M. S., M. D., Associate Editor "Annual of the Universal Medical Sciences," etc. Philadelphia and London: F. A. Davis. 1888. Pp. 269. Price \$2.00.

This is issued as a pocket book, with thumb index of diseases and symptoms, and appropriate (?) prescriptions for each ailment. It may be useful for some physicians, but let us hope this number is small. It is a little in the style of "Every Man His Own Doctor," or "Medicine in Five Weeks." It would be better if such works remained in manuscript.

*The Pathology, Clinical History and Diagnosis of Affections of the Mediastinum, other than those of the Heart and Aorta.* With tables giving the clinical history of 520 cases. Being an essay to which was awarded the Fothergillian medal of the Medical Society of London, March, 1888. By HOBART AMORY HARE, B. Sc.,



M. D. (Univ. of Pa.), Demonstrator of Therapeutics and Instructor in Physical Diagnosis in the Medical Department, and Instructor in Physiology in the Biological Department, of the University of Pennsylvania, etc. Philadelphia: P. Blakiston, Son & Co. Baltimore: Cushings & Bailey. 1889. Pp. 150. Price \$2.00.

This is a small book, representing an enormous amount of work, as inspection will show. It is remarkable how the mediastinum has been generally neglected in works on medicine and surgery, and it even receives little attention in the ordinary courses of anatomy. This monograph is valuable as collecting all that is known on the subject between two covers, but practically (with some exceptions) it will be put by as a curiosity as the only Fothergillian prize taken by an American. The Medical Society of London deserves credit for its ingenuity in presenting such a subject.

*A Manual of the Minor Gynecological Operations.* By J. HALLIDAY CROOM, M.D., F.R.C.P.E., F.R.C.S.E., Lecturer on Midwifery and the Diseases of Women at the School of Medicine, Edinburgh, etc. First American from the second Edinburgh edition. Revised and enlarged by LEWIS S. McMURTRY, A.M., M.D. Philadelphia: Records, McMullin & Co., 1888.

That reason can be found for the publication of an American edition of Croom's Manual is convincing proof of the widespread interest that the profession of this country takes in gynecological matters. It would seem as if the well-known work of Mundé, which has enjoyed such an extended and well deserved popularity, left nothing to be said upon the Minor Gynecological Operations; but while dealing with the same subjects, Croom has constructed a book of an entirely different type, and it cannot be denied that his short, pithy, sentences and well arranged paragraphs, are quite as instructive as the more elaborate, and, it must be admitted, sometimes wearisome, details in the work of our own countryman.

For the student, for the general practitioner, and for one at the beginning of his gynecological studies, this Manual is eminently well suited. The style is lucid and concise; the choice, limitations and descriptions of the various operations are faithfully set forth, and the dangers attendant upon them are forcibly described. Altogether, the opinions expressed are fair and conservative, and the author may be considered a safe guide to follow. Yet, in speaking of dilatation of the urethra, and occasionally elsewhere, the question of risk hardly receives due consideration. Too much confidence is also, we believe, placed in the antiseptic properties of lint soaked in carbolyzed oil, and we hoped to see the Fergusson speculum banished from the armentarium of a modern gynecologist.

The editor's notes constitute, for the American reader at least, a very considerable part of that which is valuable in the Manual. Without them it would fall short in many of the elements of completeness, and would prove unsatisfactory to those who are more or less familiar with the teachings of Emmet and other noted gynecologists of this country.

The insertion of a chapter upon Laparotomy in a Manual of Minor Gynecological Operations, is, we believe, a mistake; and the editor's explanation that "A few years since laparotomy could not be considered fairly within the scope of a treatise devoted to the minor gynecological operations, and indeed it must be conceded to be a serious operative procedure", is hardly sufficient to warrant its introduction. It might justly be asked, we think, that if some of the operations for fibroid tumors of the uterus described by the author, and the operation of laparotomy for removal of the ovaries, tubes, and for ectopic pregnancy, introduced by the editor, are to be considered minor gynecological operations, then what indeed are the major operations? The manner in which the publishers have done their work leaves nothing to be desired.

*Electricity in the Diseases of Women, with Special Reference to the Application of Strong Currents.* BY G. BETTON MASSEY, M.D., of Philadelphia, F. A. Davis, Publisher, Philadelphia, 1889. Pp. 210. Price, \$1.50.

This is the first attempt at a complete treatise on the electrical treatment of the diseases of women by an American author. In view of the widespread interest which the subject has evoked, the volume will be welcomed by the profession. The author has gone over the ground very thoroughly, and has placed his readers in the possession of many important facts.

The volume begins with a description of the apparatus required in gynecological work and gives a number of experiments illustrating the physical qualities of Galvanic currents. The applications of the Faradic and Franklinic currents are also explained.

The electrical treatment of fibroid tumors and the various methods of employing electricity in gynecological work are fully set forth. The work is well-written, exceedingly practical and can be trusted. We commend it to the profession.

*Obstetric Aphorisms for the Use of Students Commencing Midwifery Practice.* BY JOSEPH GRIFFITHS SWAYNE, M. D., Consulting Physician Accoucheur to the Bristol General Hospital, etc. Ninth Edition, Philadelphia: P. Blakiston, Son & Co., Baltimore, Cushings & Bailey. Pp. 159. Price, \$1.25.

*Questions and Answers on the Essentials of Obstetrics,* prepared especially for students of medicine. By WILLIAM EASTERLY ASHTON, M. D., Demonstrator of Clinical Obstetrics in the Jefferson Medical College, etc. with illustrations. Philadelphia. W. B. Saunders 1888. pp 220. Price \$1.00. Saunders' Question Compends.

*The Operations of Surgery,* a systematic hand book for practitioners, students and hospital surgeons. By W. H. A. JACOBSON, F. R. C. S., assistant surgeon Guy's Hospital, teacher of operative surgery, and joint teacher of practical surgery in the Medical School, surgeon to the Royal Hospital for Children and Women, with 191 illustrations. Philadelphia, P. Blakiston, Son & Co., 1889. Baltimore, Cushings & Bailey, pp. 1006. Price, \$5.

*Contributions to the History of Development of the Teeth.* By CARL HEITZMANN, M. D., and C. F. W. Bödecker, D. D. S., M. D. S. (Reprinted from the *Independent Practitioner*), volumes viii and ix. pp. 98.

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*Diseased Conditions for which Sea Air is of Doubtful Benefit.* (Reprinted from the Transactions of the American Climatological Association). And *The Restorative Treatment of Sleeplessness from Brain Exhaustion.* (Reprinted from the Journal of the American Medical Association.). By BOARDMAN REED, M. D., Atlantic City, N. J.

*Pressure Forceps versus the Ligature and the Suture in Vaginal Hysterectomy.* By E. C. DUDLEY, M. D., Chicago. Reprinted from vol. xiii. Gynecological Transactions, 1888.

*Congenital Clouding of the Cornea Affecting Two Sisters.* By ROBERT L. RANDOLPH, M. D., Assistant Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore, Md. From the American Journal of the Medical Sciences, December, 1888.

*Diseases of the Skin Associated with Disorders of the Female Sexual Organs.* By GEORGE H. ROHÉ, M. D.,



Baltimore, Md., Professor of Dermatology and Hygiene in the College of Physicians and Surgeons, etc. Reprint from the Buffalo Medical and Surgical Journal, February 1889.

*A Defence of Electrolysis in Urethral Strictures* with Documentary Evidence. By ROBERT NEWMAN, M. D., New York, Surgeon to Northwestern Dispensary, New York; Consulting Surgeon, Hackensack Hospital; Honorary Member Ulster County Medical Society, etc. Reprint from the Medical Register, January 5, 1889. Philadelphia, Records, McMullin & Co., Limited, 1888.

*The Electrolytic Decomposition of Organic Tissues.* By GEORGE H. ROHE, M. D., Professor of Dermatology and Hygiene in the College of Physicians and Surgeons, Baltimore. Reprinted from The New York Medical Journal for December 1, 1888.

*On the Relation between the General Practitioner and the Consultant or Specialist.* By L. DUNCAN BUCKLEY, A. M., M. D., Physician to the New York Skin and Cancer Hospital, etc. Reprinted from the Journal of the American Medical Association, February 2, 1889. Chicago: Printed at the Office of the Association. 1889.

*Note on Rumbold's Method of Treatment of Catarrhal Inflammations of the Upper Air Passages.* By ELY MCCLELLAN, M. D., Surgeon United States Army. Reprinted from the Journal of the American Medical Association, January 5, 1889. Chicago: Printed at the Office of the Association. 1889.

*Subacute Progressive Polymyositis.* By GEORGE W. JACOBY, M. D., of New York. Reprinted from The Journal of Nervous and Mental Disease, Nov. 1888. New York: M. J. Rooney & Co., Printers, corner Broadway and Thirty-Fifth Street. 1888.

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*Alternating and Continuous Electrical Currents.* By HARROLD P. BROWN, Electrical Engineer, No. 201 West 54th Street, New York.

*Report of the Committee on Ophthalmology and Otology.* By SETH S. BISHOP, M. D., of Chicago. Reprinted from the Transactions of the Thirty-Seventh Annual Meeting of the Illinois State Medical Society, held in Rock Island, May 17, 1888.

*Second Annual Report of the Ophthalmological Department of the State Hospital at Norristown, Pa., for the year 1887.* Ophthalmologist, CHARLES A. OLIVER, M. D. Reprinted from the Eighth Annual Report. Hospital Printing Office. 1887.

*Princeton College Bulletin.* January 1889. Edited by the President and Members of the Faculty. Princeton Press.

*Report on Medical Education, Medical Colleges and the Regulation of the Practice of Medicine in the United States and Canada 1765-1889.* By JOHN H. RAUCH, M. D., Secretary Illinois State Board of Health.

*Report from the Consuls of the United States.* Nos. 99 and 100, November and December 1888. Washington: Government Printing Office 1888.

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CARDIAC TONICS.—Digitalis still holds its place as the most powerful heart-tonic we as yet possess, and the most permanent in its effects. Strophanthus has been on trial for over two years, and it is difficult to decide in exactly what cases of cardiac disease it is preferable to digitalis. Nearly all observers confirm Fraser's original statements without adding any important new facts. However, Guttman maintains that it cannot compare, either as a heart drug or as a diuretic, with digitalis. On the other hand, it was used in Bamberger's clinic with success.—*Dublin Jour. of Medical Science*, December, 1888.

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WILLIAM B. CANFIELD, A.M., M.D., Editor.

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Editorial.

THE ETIOLOGY OF PNEUMONIA.—If there is obscurity and difference of opinion in any one thing, it is in the explanation of the causation of pneumonia. Formerly we were satisfied to accept the theory that it was simply due to an inflammation, and it was called "lung fever," but after the discovery of the tubercle bacillus and the development of the study of bacteriology, a specific micro-organism was suspected and sought for. Thus followed the work of Klebs, Eberth, Koch, Klein, Sternberg, Friedländer, Fränkel, Weichselbaum, Talamon and others. Friedländer described a capsulated diplococcus, which he called pneumococcus. This was accepted by some until Fränkel brought out his painstaking work showing the presence of what he called a bacillus and which he claimed was present in cases of pneumonia, when Friedländer's pneumococcus could not be found. Sternberg surprised and rather frightened himself by finding in his own saliva a micro-organism like Fränkel's (but described

earlier), which was fatal to mice and rabbits and whose life, growth and morphology were like Fränkel's. The cause of pneumonia from a bacteriological point of view might be discussed indefinitely.

Clinically pneumonia seems to result from "taking cold," whatever that may mean. But that that is not the sole cause is seen by the large number of cases which appear in one season and the small number in another. Most authors agree that cold, damp weather predisposes to it; some maintain that cold, dry weather is more effective in causing it. Statistics, if they are of value, show that usually the disease, in this climate, begins about January or February, and each month shows a larger number of cases until May. Statistics also show that those living an out-door life are less apt to take pneumonia than those housed. Hence many believing in its contagious nature claim that those housed, have less fresh air, fall an easier prey to this disease during those months in which houses are heated and closed, and that it is only toward the end of May or June that our closed houses are thoroughly ventilated, and then the disease disappears for that season.

If a bacillus or coccus peculiar to pneumonia can be found, then it will be necessary to "take stock" of the various kinds of pneumonia and put those which do not truly belong to this category where they do belong. As a general thing when we say pneumonia we mean the lobar, or as the Germans say, croupous or fibrinous pneumonia.

One thing is of interest and that is the bacillus of Fränkel has been found in the blood of patients with pneumonia, and it has also been found in the meningitis occasionally accompanying pneumonia, and which writers as recent as Fagge were unable to explain.

HÆMORRHAGE IN SALICYLISM.—In Guy's Hospital Reports, 1886-87, Dr. Shaw reported two cases in which the administration of salicylate of soda and salicine in rheumatism was followed by hæmorrhages; in one case from the nose, and into the vitreous chamber, the pa-



tient recovering with the loss of sight in the eye; in the other case from the kidneys, resulting in death. In the *Lancet*, January 19, 1889, he reports two more cases, occurring in the hospital, in which hæmorrhages occurred under the administration of salicylate of soda, and salicine (both of the drugs seemed to cause this symptom). In one of these cases now reported, the patient suffered from her first attack of rheumatism, and salicylate of soda was given in doses of 20 grains every three hours for four days, then every six hours for four days, then three times a day for three days. At this time bleeding from the nose and more profusely from the gums began. The salicylate was stopped, and the hæmorrhage ceased four days later. About a week after this a return of the articular pain was felt, and ten grains were given three times a day; next day bleeding from the gums began. This ceased soon after the drug was discontinued. The patient recovered. The second case resembled that just described, the amount of salicylate given being about the same. The bleeding was from the gums only, and recurred shortly after an increase in the dose of the drug, but the patient recovered. In commenting upon the cases which he has recorded, Dr. Shaw gives good reason to believe that the bleeding not only followed the use of the salicylate but resulted from it. None of the patients were "bleeders" and in each case the hæmorrhages occurred after the rheumatism had begun to subside. Although he has carefully observed all cases which have come to his notice he has never seen hæmorrhage of any sort occur until several hours or days after signs of salicylate poisoning—deafness, vomiting, ringing in the ears, headache and irregular, slow pulse—have appeared.

### Miscellany.

**MALIGNANT DISEASE FOLLOWING HYDATIDIFORM MOLE.**—Hydatidiform mole is a subject of great interest to the obstetrician. The symptoms are similar in many respects to those observed in

threatened abortion. The diseased villi have a tendency to grow into the muscular tissue of the uterine wall, so that rupture of the uterus is liable to occur; hence the treatment of this condition presents difficulties. Diagnosis is not always easy. The detachment of the vesicular mass is frequently attended with danger owing to the thinning of the uterine walls, and septicæmia may follow its removal. Dr. Meyer, of Zurich, has recently described a case which was followed by epithelioma of the body of the uterus, in the *Archiv für Gynäkologie*. He removed a large hydatidiform mole from the uterus of a woman who had attained the mature age of 55. For six months afterwards a watery, somewhat sanious, discharge continued; the patient, previously healthy, became very weak. At the end of the above period severe flooding occurred. The patient was very anæmic. The uterine cavity was explored with a view to clear away anything left, but without result. The uterus remained bulky and relaxed, much as is seen in normal cases about the tenth day after labour. The tampon was applied to the interior of the uterus, but profuse sanious discharge and high temperature followed, with rigors and œdema of the lower extremities. Three months later the patient died. During the progress of the case it was suspected that the altered chorionic structures had grown into the substance of the uterine wall; after death this was proved by microscopic examination. The structures appear to have forced their way into the lymphatic vessels. As a distinct overgrowth of the epithelial structures of the affected parts was detected, Dr. Meyer holds that true cancer existed—the epithelioma papillare of Klebs. Pathologically this interpretation appears correct, though the history of the case suggests that the presence of decomposing material in the uterine cavity at least determined the symptoms, even if it did not constitute the primary morbid condition. A uterine wall infested with growths of so low a vitality as the thin-walled vesicles of a hydatidiform mole must of necessity be in a very unhealthy condition.

Already this condition has been spoken of as quasi-malignant.—*British Medical Journal*.

#### SPONTANEOUS RUPTURE OF THE SPLEEN.

—Dr. Barrallier has recorded two cases of young sailors, about 20 years of age, who both died very suddenly of rupture of the spleen during a first and mild attack of ague. The first returned to his duty, and soon afterwards was found dead in his hammock. The peritoneum contained two and a half litres of blood; the spleen was ruptured, and also contained a large clot not communicating with the laceration. The second patient was seized with a sudden feeling of faintness on getting out of bed to go to stool. He was replaced in his bed, but died in a few minutes. The peritoneum was full of fluid blood and clots, and a large rent was found in the capsule of the spleen. In both the above cases the splenic pulp was softened, and there were no adhesions of the capsule to neighbouring structures. Dr. Barrallier described in the *Archives Générales de Médecine* a case of an opposite character, very instructive for the sake of comparison. The patient was a workman at the Rochefort Arsenal, aged 54, intemperate, prematurely old, and for long subject to ague. He fell from a height, and struck the left side of the lower part of the thorax against a stove. Symptoms resembling those of hæmatothorax set in; aspiration was performed, but the patient died a fortnight after the operation. The spleen was enormously enlarged, its capsule thickened and inflamed, and universally adherent. There was, in the upper part of the organ, a cavity apparently representing a subcapsular rupture. The spleen projected upwards, so that it was capped by the adherent diaphragm, and encroached on the left thoracic region. The enlargement and inflammation of the capsule were, to a certain extent, recent. The peritoneum was free from blood. Thus a severe blow was not sufficient to rupture the thickened capsule of a spleen long enlarged, whilst very gentle exertion caused, in two instances the rupture of a spleen softened by recent disease, the capsule being thin, and

not adherent to neighbouring structures. Hæmorrhage in the latter cases soon destroyed life; the former did not die until morbid processes were set up afresh in the injured organ.—*British Medical Journal*.

**SYPHILITIC DISEASE OF THE CERVIX UTERI.**—Dr. E. Rode, of Christiania, has observed three cases of ulcerating gummata of the vaginal portion of the cervix. They appeared from ten to twelve years after infection. In all these cases there was extensive œdema of the pelvic connective tissue. Diagnosis was based upon the distinct history of syphilis, which was readily obtained from the patient. There were, moreover, no symptoms of local cancer, tuberculosis, or simple erosion. The patients all recovered rapidly after the administration of iodide of potassium. No local treatment beyond simple cleanliness was thought desirable. Dr. Rode's experiences are of considerable interest. A good monograph on the ulcers of the uterus, written by a recognised authority, would prove of great utility to practitioners and specialists. The nature of so-called "ulceration" of the cervix and its innocuous character have been proved. The "ulcer" is hardly even an erosion; it is rather the replacement of the natural squamous epithelium of the outer part of the cervix by a layer of the columnar epithelium proper to the cervical canal. The severe symptoms once attributed to "ulcerated womb" are due to totally different causes. Nevertheless, there are such things as ulcers of the cervix, due to cancer frequently, to syphilis occasionally, to tubercle rarely. The practitioner, recognising the truth that a formidable-looking erosion is of little or no clinical import, must take care not to mistake an incipient true ulcer for that relatively harmless pathological condition.—*British Medical Journal*.

**TRIPLE DELIVERY BY CÆSAREAN SECTION.**—A curious case of triple birth took place last week in the Lariboisière Hospital. A few days previously a poor woman entered the hospital in an ad-



vanced stage of pregnancy. The house-surgeon, after a careful examination, told her that in all probability she would give birth to three children. She had already four dependent on her. The surgeon left her in charge of the mid-wife, who was a very intelligent woman, as will be seen. The poor woman, evidently in the throes of labor, paced up and down the room, when suddenly she was seen to stagger and clutch at the window frame near which she was standing. The attendant rushed to her aid, but she was dead. The mid-wife having rapidly taken in the situation, and knowing that at the moment no doctor was at hand, decided on extracting herself the unborn children. The necessary instruments having been obtained, she boldly performed the operation, and brought into the world alive two girls and one boy. Great sympathy has been felt for them, and naturally great admiration for the heroic conduct of the *sage femme*. The *Figaro* has opened a subscription list for the children.—Paris Correspondent of the *Medical Press*.

**TREATMENT OF NASAL AFFECTIONS.**—Dr. Cozzolino, of Naples, recommends for the various affections of the nasal passages the following compounds:

*For scrofulous rhinitis:*

R—Sulpho-carbolate of zinc grs. v.  
 Salicylate of bismuth grs. lx.  
 Iodol . . . grs. vl.  
 Tannate of zinc . . grs. xxx.  
 Powdered tale . . grs. cl.—M

Use as a snuff.

*Chronic catarrhal rhinitis.*

R—Powdered alum } . . 30 grs.  
 Borax } . . 3 "  
 Menthol . . . 45 "  
 Tannate of zinc }  
 Tannate of bismuth }  
 Lycopodium . . 3 ij.—M.

or

R—Salicylate of zinc }  
 Tannate of bismuth } āā 3 j  
 Powdered borax . . 30 grs.  
 Salol . . . 23 "  
 Powdered tale . . 3 ij.—M.

*Simple acute catarrhal rhinitis.*

R—Chloride of ammonium grs. 45.  
 Salicylate of sodium grs. 30.  
 Chlorate of potassium grs. 45.—M

To be used as a snuff.

*Hyperæmic swelling of the mucous membrane.*

A frequent cause of reflex disturbances.

R—Glycerin }  
 Water } . . āā 3 iv.  
 Alcohol (rectified) . . 3 iss.  
 Menthol }  
 Cocaine } . . āā grs. 3.—M.

Use three to four times daily.

*Very acute coryza.*

R—Water }  
 Alcohol (rectified) } 3 iv.  
 Carbolic acid . . 3 ss.  
 Menthol . . . grs. iv.  
 Salammuniac grs. 23 to 30.—M.

Inhale.

Powders are best adapted to treating the nasal passages, as they remain longest in contact with the mucous membrane.

*For epistaxis*, best new surgical remedy is the hot douche of 122° to 140° F.—*Bull. Médical*, and *Deutsche med. Wochenschrift*, Jan. 24, 1889.—*Med. News*.

**VESICAL EXPRESSION.**—In view of all that has been said about uterine expression, it is somewhat singular that heretofore nobody seems to have thought of employing compression of the urinary bladder in cases of retention not dependent on a mechanical impediment to the flow of urine. A recent number of the *Deutsche Medizinal-Zeitung* contains an abstract of an article contributed to the *Berliner klinische Wochenschrift* by Dr. Julius Heddaeus, in which the author states that he has often made use of vesical expression with success. He gives a minute description of two different forms of manipulation, but it is sufficient for all practical purposes to say

that, with the patient in such a position as to relax the femoral muscles, the bladder is grasped with both outspread hands and gentle and steady compression from above downward and backward made by approximating the thumbs to the fingers, the force being directed toward the neck of the organ. The procedure is said to be painless and free from danger in properly selected cases. If, however, it is not successful readily, recourse must be had to catheterism, and it is contraindicated in cases of abdominal inflammation or great tenderness and during pregnancy. Corpulence, abdominal tumors, and the like make it difficult and sometimes impossible.—*N. Y. Med. Journal*.

**POST-MORTEM WARTS.**—The post-mortem warts, says Dr. Wm. Osler, are now pretty generally regarded as local tubercle, the result of inoculation. The presence of bacilli has been demonstrated in several instances. The tubercles consist chiefly of granulation tissue, occasionally with giant-cells, and with papillomatous outgrowths of the epidermis, which give the tubercle the wart-like character. They are met with in persons who perform many post-mortems and in those whose business brings them into close contact with animals and animal products. Their occurrence is by no means infrequent. In Germany it is quite common to see the hands of the demonstrators of pathology (and more especially the attendants in the autopsy rooms) disfigured by these structure. Mr. Hutchinson considers these warts a form of lupus.—*Med. Record*.

**MYRTOL AS A DISINFECTANT OF THE RESPIRATORY PASSAGES.**—Dr. Eichhorst (*Ther. Monatshefte*, January, 1889), recommends myrtol as a disinfectant of the respiratory passages.

Myrtol is a clear fluid, has a refreshing odor, and is that portion of the myrtol oil which melts at 158° to 170° Fah.

It is best administered in capsules containing 2½ grains each, of which from

two to three are taken daily. One hour after its administration its odor is perceptible in the patient's breath. The curative effect is said to be rapid, especially in putrid bronchitis and pulmonary gangrene. Myrtol exerts no action over the tubercle bacillus. The intestines of patients who have died while taking this remedy retain the odor of myrtol for some time.—*Wiener klin. Wochenschrift*, Jan. 17, '89.—*Med. News*.

**ELEVEN CHILDREN AT FOUR BIRTHS.**—At a meeting of the Sociedade das Sciencias Medicas of Libson on January 26th, Dr. Ravara related a case of repeated multiple pregnancies which had been partly under his own observation, and a detailed history of which he had received from Dr. Pereira da Cruz, of Aveiro. A woman now aged 55 became pregnant for the first time in 1860, and was in due course delivered of twins, both of which died. In 1861 she brought forth three children, two boys and a girl, none of which lived. In 1866 she threw her previous performances into the shade by giving birth to five babies. The first-born of these lived fifty days, the second, twenty-eight hours, and the others were stillborn. The result of a fourth pregnancy, in 1868, was one child, which also died, so that of eleven children borne by her in nine years not a single one survived. All her confinements were easy, requiring no more skilled help than that of a midwife. The woman's menstrual history was somewhat remarkable. The catamenia first appeared when she was 15; at 17 she began to suffer from chlorosis and amenorrhœa, which lasted for several years; at 24 menstruation became regular, and continued so for twelve years; at the age of 36, although she was a strong, healthy woman, the menopause became definitely established after a severe attack of metrorrhagia. This was apparently not long after her last confinement. Two sisters and an aunt of this ineffectually prolific matron have also been the subjects of multiple pregnancies.—*British Medical Journal*.



### Medical Items.

On account of ill health of M. P. Menière, the *Gazette de Gynécologie* has temporarily suspended publication.

The deaths are announced of Dr. Edward A. Stoker of Dublin, and Dr. Alexander Mackintosh of Glasgow.

As a preventive for yellow fever, James G. Blaine suggests that our Government buy Cuba, and put it in a sanitary condition.

At the last meeting of the Clinical Society of London, Dr. Weir Mitchell was elected an honorary member.

Boston physicians have been ordered to make a monthly return of the number of births attended by them.

Dr. Henry F. Formad has withdrawn his resignation as Demonstrator of Pathology in the University of Pennsylvania.

Dr. Thomas Dwight of the Harvard Medical School will contribute a paper on Contortionists and "Snake Men" to the April number of Scribner's Monthly.

The Homœopaths of New Haven are trying to get money to build a hospital. It is asserted that half the property in New Haven is owned by homœopaths.

The fund for promoting the study of the treatment of tuberculosis, which is being raised in France, amounts now nearly to fifteen thousand dollars.

The Harvard Medical School has just received from Dr. D. W. Cheever the sum of \$5,000 to establish a scholarship, to be known as the David William Cheever Scholarship.

The University of Montpelier, France, is preparing to celebrate a centennial this year and the Municipal Council of that town has just appropriated 10,000 francs (\$2,000) for that purpose.

Dr. John C. Dalton, of New York, long known as one of the most eminent teachers and writers in the department of physiology, died at his residence in New York City on the 12th of February, 1889, aged 64 years.

The Functions of the Brain have been still further studied by Goltz. He has destroyed extensive areas of the cerebra of dogs without killing the animals, and in one case a dog lived five months after the whole of the left hemisphere was removed, but showed modifications of character and mental enfeeblement. Goltz advises surgeons to be more bold in cases of cerebral tumors.

By the will of the late Alexander Murray, of Montreal, the Montreal General Hospital will come into possession of the sum of \$750,-

000. Next to the donation of \$1,000,000 made by Sir Donald A. Smith and Sir George Stephen for the founding of the Royal Victoria Hospital of Montreal, that of Mr. Murray is the largest ever made in Canada for any similar purpose.

The American Association of Genito-Urinary Surgeons says that it will not consider the application for membership from one who on his card states that he is a Genito-Urinary Surgeon. He can do this in connection with his papers in medical journals, and with the reprints of the same, in the announcements of the dispensaries, etc., with which he is connected. By these means he may advertise his specialty among the people and the profession, but he must not do the same thing with his cards.

The Russian Medical Congress, which was opened in St. Petersburg on January 15th. and continued seven days, is said to have been a great success. It was held under the Presidency of Dr. Erismann, Professor of Hygiene at Moscow. The number in attendance was 1500, against 1000 at the second congress, and 500 at the first. The congress was divided into eighteen sections, and a very large number of papers was read. An exhibition, which remained open for three weeks, was a very interesting feature of the congress.

The next triennial prize of £300 (\$1500) will be awarded to the author of the best essay or treatise on "The Influence of Micro-Organisms in Inflammation." Essays must be written in English or accompanied by an English translation. They must be handed in at Guy's Hospital before January 1st, 1892, and addressed to the physicians and surgeons of that hospital. Each work must be distinguished by a motto and accompanied by an envelope containing the name and address of the author. The prize will not be given for a piece of work done by two or several authors. For further information see the notice printed at the medical office of the hospital.

The first triennial prize of two hundred and fifty dollars under the deed of trust of Mrs. Wm. F. Jenks, has been awarded by the Prize Committee of the College of Physicians of Philadelphia, to John Strahan, M. D., M. Ch. M., A. O. (Royal University, Ireland), 247 North Queen St., Belfast, Ireland, for the best essay on "The Diagnosis and Treatment of Extra-Uterine Pregnancy."

The writers of the unsuccessful essays can have them returned to any address they may name, by sending it and the motto which distinguished the essay, to the Chairman of the Prize Committee, Ellwood Wilson, M. D., College of Physicians, Philadelphia.

The Trustees have made arrangements with Messrs P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia, for the publication of the successful essay, which will also appear in the Transactions of the College for 1890. James H. Hutchinson, John Ashhurst, Jr., James V. Ingham, Trustees of the Wm. F. Jenks Prize Fund.

## Original Articles

### A CASE OF RAPID PULSE IN A HYSTERICAL WOMAN.\*

BY C. O'DONOVAN, JR., M. D.  
OF BALTIMORE.

On November 26th, 1887, I was called hurriedly to see Mrs. S. — white, a widow for about a year, the mother of two children, both dead now. I had known her for the past three years, and had often attended her for various slight ailments more or less complicated by nervousness, that would become sometimes slightly hysterical. About six months ago she complained very much of backache and menorrhagia, which I found by examination, was caused by a retroversion and for which I had introduced a Smith-Hodge pessary, affording her considerable relief; this she was still wearing. She has never been quite herself since the death of her husband, who had consumption, and who required a great deal of nursing, which was freely given by his wife, until his death left her but a shadow of herself, thin, pale, anæmic, constantly harassed by attacks of nervousness, varying in intensity, with each of which she would experience shortness of breath and palpitation of the heart. Her husband had kept a little tobacco shop, and just managed to make enough to keep them going, but when he died the affairs of the shop got into disorder, and financial difficulties were added to her other sources of uneasiness, until she became so despondent and nervous that she could scarcely hold a needle to sew. This chronic state would frequently culminate in paroxysms of such intensity that she would be driven from the house in spite of herself, and would feel obliged to walk and walk, for an hour or more, until she would experience some relief, when she would return home in a state of exhaustion from which she would not recover for a day or more. During several of these attacks she has walked into my office, with quickened, shallow

respiration, and pulse-rate about 120, an anxious frightened countenance; and I had usually succeeded in relieving her by giving a dose of asafoetida or valerian, or some such remedy. She had always in her house, by my direction, a number of pills containing a grain each of asafoetida and sulphate of iron, which she had been in the habit of taking whenever one of those attacks would occur, and for a week or ten days after its subsidence. These seemed to afford her considerable temporary benefit but her nervous system had never been able to regain its normal condition, in spite of iron, quinine, strychnia and the various vegetable tonics, which she took at different times. While she continued under treatment and observation, she would get on quite well; she would develop some appetite and could control herself enough to give hope of permanent cure, but as soon as she was left to herself, all of her lately acquired stamina would disappear and she would fall back into her former condition, her hands would become tremulous, her eyes would move restlessly from object to object, her feet would be pushed forward and then drawn back, or would be crossed one over the other for half a minute and then reversed; if sitting in a chair, after a few minutes she would feel obliged to change to another, so that she seemed almost like a child with chorea, except that the movements were deliberate, and lacked that convulsive jerk so characteristic of that disease. In addition to this she would lose her appetite, becoming dyspeptic and constipated. During all this while she could sleep well, passing her only comfortable hours in bed, but spending her days in misery. Her family history, and her own personal history were both good, her mother being alive and hearty, at about sixty years, and two of her sisters whom I met subsequently were healthy women; there was no suspicion of syphilitic taint. Knowing all these facts I was prepared, when summoned on the night in question, to find her suffering from a recurrence of her nervousness, but for nothing like what I found. She lay in bed, quiet enough; apparently experiencing

\*Read before the Gynecological and Obstetrical Society, January 8th, 1889.



no pain, which supposition she subsequently confirmed, the only evidence of anything wrong being her hurried, shallow respiration and the intensely anxious expression of her countenance. I had entered the room carelessly, and began to ask her about herself before feeling her pulse, as the evening was cold and I did not care to grasp her wrist with my hand before it had become less numbed. She told me that she had arisen perfectly well, but that something had happened in the morning to precipitate one of her nervous attacks, which she had endeavored to walk off, but had failed, returning worse than when she had started out, suffering principally from shortness of breath and a sense of suffocation; this had become so bad by midday that she was obliged to go to bed, where she had since remained, but without relief. At this stage of her story I felt her pulse, and was shocked at its extreme feebleness and rapidity. In spite of its fluttering character the impulse wave of each contraction was distinct, and no diastole interfered, so that I could readily count the beats, which numbered *one hundred and ninety-two* in the minute. This I verified several times, at intervals of five minutes or so, and found these numbers remarkably constant. You may judge my anxiety and fear, so natural under the circumstances. The contractions of the heart muscle seemed fairly strong, and the action of the valves was all right, but the tension in the arteries was almost nothing, so that the blood streamed away from the heart without offering that resistance so necessary to the proper action of any system of valves, and the woman seemed to be bordering upon syncope that might, at any moment, become fatal from formation of a clot. She lay with her head upon a very soft pillow, so that it was not at all elevated, and had been taking, during the few hours just passed, a weak mixture of brandy and water. While this may have prevented a worse condition of things, it had not much improved them, and it required a very few seconds for me to write for a solution, containing, in each half teaspoonful a grain of car-

bonate of ammonia and five drops of tincture of digitalis, for which I sent at once and anxiously awaited. In my endeavor not to betray my intense anxiety, I overdid myself, and my patient, who had been lying easy and totally unconscious of anything very unusual in her condition, seeing me evidently worried, and, worse than all, trying to dissemble, began to be frightened and uneasy herself, so more to quiet her than for any other purpose, and to gain time, I placed my thermometer under her tongue very carefully, giving her minute directions about keeping her mouth closed, and ordering her to be sure to retain it beneath her tongue until I removed it. This simple manœuvre had the desired effect, and kept her quiet until the medicine arrived. There was not the slightest elevation of temperature. I administered at once ten drops of the tincture of digitalis and two grains of carbonate of ammonia, and experienced considerable relief when I found that her pulse began to improve in tone and gradually decreased in frequency; her respirations, at the same time, grew deeper and more satisfactory. After about half an hour I administered half a teaspoonful of the same mixture, affording her much relief. Finding that she continued to improve I left her then, but ordered that the mixture be continued each hour in half teaspoonful doses until she fell asleep.

*November 27th*, when called the next morning I found her in bed still, but feeling very much more comfortable, although she was worn out and prostrated after the experience of yesterday. Her pulse had fallen to 132, but was much fuller, and felt satisfactory. After I left her she took five doses of the medicine, all before two A. M. about which time she fell asleep, and after waking she felt that she did not require any more. She told me that she had once before had a similar attack, and had been attended by a physician hastily summoned in the neighborhood, who seemed, she said, even more scared than I had shown myself, to which I could only reply, that I could well believe it.

November 28th, when I called the next day, she met me in the store, feeling perfectly well. Her pulse was then 72, full, strong and regular.

## FUNGOID GROWTH ON THE LEFT BREAST.\*

BY THOMAS OPIE, M. D., OF BALTIMORE, MD.

Mrs. F., forty-five years of age, married at twenty, and has had eleven full term children and two abortions, her last pregnancy having ended four years ago. Her general health is poor and mental condition very much depressed. The growth began as a small nodule sixteen years ago, below the left nipple. She nursed her last child two years. A short time after weaning it, the tumor commenced to grow. On April 16th, 1888, Dr. A. L. Wolf, of Page County, Va., removed it when the size of a goose egg. Dr. Wolf writes that "after making the incision the tumor was readily enucleated by his knife handle and finger. The wound healed by the first intention and left only a slight scar. Four months afterwards, a second tumor came, about two inches from the seat of the first one, and in six weeks attained to a growth which weighed four pounds. The mass removed embraced the whole gland. The incision again healed by first intention, but the scar did not become so pale and small as did the other. About six weeks after the second operation there arose a sleek, purplish-red projection, which was followed by others, which soon burst through the skin, with the present result: medullary sarcoma or fungus hæmatodes."

Mrs. F. was admitted into the hospital December 11th. The tumor, the odor of which was unbearable, was dressed twice a day with surgeon's wool, after washing with a solution of permanganate of potash 3j to Oj.

The fungoid growth was removed December 18th. An attempt was made to effect it with the thermo-cautery, but it was quickly decided, in view of the

hemorrhage, to circumscribe and rapidly excise it, with the scalpel. An incision through the sound skin, an inch outside the diseased tissues, was made. The whole of the pectoralis major muscle under the mass was removed. The arteries were caught up as soon as severed, with catch forceps. The wound left, measured nine inches from above downwards and seven from side to side. During the latter part of the operation, the patient sank from loss of blood or shock and was given hypodermis of whiskey. She rallied satisfactorily, the wound was dressed and she was put to bed. The pulse rate and temperature from the day after the operation to the time of her death on the tenth day, were as follows:

	A. M.		P. M.	
	Pulse.	Temp.	Pulse.	Temp.
Dec. 19th, 1888.	110	100	112	100.4
20th, "	116	100.2	116	100.2
21st, "	108	99.5	116	100.2
22d, "	116	99.4	130	100.5
23d, "	137	99.4	140	100
24th, "	128	98.5	140	99.8
25th, "	130	99.5	128	100
26th, "	130	103	140	103

On the second day after the operation the patient became very delirious, and continued in an insane condition until death ensued.

Billroth in his recent work on Diseases of the Mammary Gland, page 63, Wood's Library, 1888, says the four cases reported (by him) show how little infectious, soft sarcoma of the mamma depends on age. The cases were in the 14th, 31st, 42d and 65th years. He says the differentiation of soft sarcoma from soft carcinoma and the different forms of soft sarcoma from one another, is principally and in part exclusively based on exact microscopic examination and is the result of the progress made in the last ten years. He calls attention to errors of Velpeau, Erichsen, Gross and others in classifying such cases as these in the category of "encephaloids."

The following report was made by Dr. Keirle after examination of a specimen of the growth under the microscope:

\*Read before the Gynæcological and Obstetrical Society, January 8th, 1889.



"The tumor is a recurrence after removal; in gross it looks like white brain matter (medullary encephaloid), with numerous fine red streaks; in consistence it is so soft as to easily break up on handling. Microscopically, it is made up of medium-sized spindle cells, with homogeneous, gelatinous intercellular substance. Much of this structure is undergoing fatty degeneration; the mammary tubes are full of proliferating large roundish cells, so that a lumen cannot be discovered. On cross section these tubes somewhat resemble epithelial nests (perlkrebs, globes epidermiques): scattered throughout the section are numerous large, round cells with large nuclei; also numerous vessels with spindle cell walls.

"The growth is a sarcoma with epithelial proliferation, in reference to which the following is quoted from Billroth's Surg. Syd. Soc. Ed., vol. ii, p. 426: 'There is reason to fear general infection, and besides this, a transformation into cancer in consequence of epithelial proliferation becomes possible.'

"N. G. KEIRLE, M. D.,  
*"Demst. of Path."*

#### Society Reports.

### THE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD JANUARY 8, 1889.

The President, DR. THOS. OPIE, in the Chair.

Dr. Wm. E. Moseley reported a case of

#### PAR-OVARIAN CYST.

(To be published later.)

Dr. Wm. Pawson Chunn, said that, before making any remarks himself, he would prefer hearing from others present who had a larger experience than himself. In the history just presented by Dr. Moseley he was struck by the fact that amenorrhœa was present in con-

junction with swelling of the abdomen. This might give rise to suspicion of pregnancy and lead to mal-treatment unless the use of the sound was refrained from. If the tumor was considered to be a par-ovarian cyst, tapping might have been undertaken as has been advised by Spencer Wells, but in this case would have been probably useless, or dangerous, on account of the putrid contents of the sac. Where there is pus in a sac, tapping may let out the contents into the abdominal cavity, or may produce hemorrhage in the cyst, which danger may be avoided by an abdominal incision. The proper plan here was to extirpate the sac. He had recently seen a case in consultation which he diagnosed as a par-ovarian cyst, but which did not turn out so fortunately as Dr. Moseley's case. The patient showed on examination a spherical cyst, with flaccid wall, movable and fluctuating equally in all directions, evidently unilocular in character. Operation was delayed until the attending physician could return to town, but in the meantime the woman fell down stairs and the tumor burst. She passed great quantities of straw-colored urine, and the tumor partially disappeared, but she went on from bad to worse, and finally died, having refused operation.

Dr. Wm. E. Moseley in closing said that in the diagnosis pregnancy had been carefully eliminated. The introduction of the probe was postponed until the case had been under careful observation for nearly two months. When it was used it settled the question beyond any possible doubt.

The necessity for antiseptics varies inversely as the cleanliness of the patient's surroundings. When we can secure pure air, absolute cleanliness is all that is required, but if the surroundings are bad, antiseptics are an absolute necessity.

The treatment of such a case as the one reported cannot be based upon the requirements in a case of simple par-ovarian cyst. The pedicle was broad and distinct, and moreover contained large vessels, making ligation necessary.

Patients, he believed, should, whenever possible, be fed by the stomach.

By waiting until the stomach seems settled and then feeling one's way carefully with small doses of milk at regular intervals, no rectal feeding will be found necessary in the majority of cases.

*Dr. C. O'Donovan, Jr.* reported a case of

#### RAPID PULSE IN A HYSTERICAL WOMAN.

(See page 361.)

*Dr. F. E. Chatard, Jr.*, related some particulars of a case of rapid heart in a young hysterical woman, in which the rapidity of pulsation varied from 150 to 170 during a period of four weeks. The patient at the same time was suffering from hysterical aphonia and other marked phenomena of similar origin. There was no rise of temperature and no pulmonary or cardiac lesion to account for the condition. As she returned to a more normal and healthy state of her nervous system, it was found that there was a reduplication of each heart-beat, and each alternate beat became gradually weaker and weaker, and was ultimately eliminated, leaving her normal pulse about 75.

*Dr. Wm. E. Moseley* related the case of a lad in the Boston House of Correction, whose pulse became very rapid, about 160, soon after being placed in a dark cell. The rapidity of the pulse was apparently due entirely to the prisoner's nervous condition, and subsided promptly upon his being taken out of solitary confinement.

Somewhat akin to this class of cases, was that of a lady, who two or three days after an abortion, had a *nervous chill*, during which the temperature reached over 107° F., and the pulse was correspondingly rapid. In the course of an hour pulse and temperature were practically normal.

*Dr. Geo. W. Miltenberger* said, one of the most remarkable and interesting cases bearing upon unusual rapidity of pulse which I have ever seen, I met with a few months since.

On September 21st last I was called in consultation by my friend Dr. T. to see Mr. H, with him and another consul-

tant, one of our most distinguished physicians, who had already seen him.

Interested in the history of his case I spent at my first visit an hour in the examination. I found a man of about 56 years of age, large, robust, athletic, who, I was told had been noted for his physical powers throughout his life. Many years of his life had been passed in mechanical pursuits, requiring great muscular strength, as well as endurance. There was no history of constitutional taint, hereditary or required. He had been addicted to no vices, had not used liquor to any extent but had used tobacco both smoking and chewing very freely. There was no albuminuria, there was no organic disease of the heart and lungs, there was no impairment of sensation or motion, and no mental affections whatever.

For twenty years he had attacks of cardiac palpitation and irregularity at intervals, which were pretty promptly relieved by cardiac stimulants and nervines, and did not interfere with his usual avocations. Some two or three months before my visit, these attacks became aggravated and so repeated as to invalidate him, and force him to withdraw from business. And now for the first time he had with them excessive and distressing dyspnoea. At a still later period, some weeks before I saw him, the stomach became affected and he had with his paroxysms, nausea and occasional vomiting.

The attacks coming on every day or two, would now continue for several hours, and resisted every means for his relief, or the relief would be only partial or temporary. All the nervines, sedatives, antispasmodics and heart tonics were tried but in vain. Nitro-glycerine was tried and without avail, nitrite of amyl at first seemed to afford a little relief but was afterwards useless.

First heart, second lungs, third stomach, followed in sequence in this history. There being no organic disease of heart, lungs, stomach, liver or kidney, and the peripheral distributions of the pneumogastric all participating in regular sequence, the question of necessity arose



was there any organic lesion central at its point of origin or along the course of its trunk. There was no alteration of sensation or motion, there was no mental aberration, there was no syphilis, there certainly was no neoplasm, which would have gone on for twenty years in this slow course without other special indications or results, there was no scrofulous tendency and no enlarged glands, along the course of the nerve, there was no evidence whatsoever of any intrathoracic or tumor or glands could produce such effect by pressure.

I was forced to the conclusion that it was purely functional affecting first the cardiac distribution secondly the pulmonary and thirdly the gastric.

The only course to which I could attribute it was probably to the effect of excessive muscular effort in early and adult life, and the excessive use of tobacco, nicotine poisoning.

I had never seen such excessive results of tobacco, while he had used none for over two months, and despite the most careful and untiring treatment his troubles had been exaggerated instead of being ameliorated. This was the result of my first visit, during which he was perfectly comfortable, pulse about 70 or 80, respiration normal, stomach quiet; he was cheerful, talked freely without distress, and was comparatively a well man.

The next morning I accidentally met Dr. T. on the street, who requested me to go at once to see his patient, who was then suffering an attack. I found him sitting on the side of his bed, with his head supported on the back of a chair and had been thus for hours. His dyspnoea was excessive and most distressing, face pallid, pulse 200, could not be counted at the wrist, but with the ear close to the heart. With regard to this, there could be no mistake, as all three of us counted them in succession. There was persistent nausea and slight mucous vomiting.

The following morning his pulse was 80, respiration normal, and his whole condition altered.

And so, with these alterations, he continued as long as I saw him, and as

far as I know, up to his death, which occurred some weeks after my last visit.

Dr. Thomas Opie exhibited a patient with a

#### FUNGOID GROWTH ON THE LEFT BREAST.

(See page 363.)

#### ALBUMINURIA IN THE PREGNANT FEMALE.

Dr. G. Lane Taneyhill exhibited other samples of albuminous urine from the case related by him at the last meeting December 11th 1888,\* showing a decrease in the amount of albumen, under the continued use of 5 grain doses, every three hours, of *benzoic acid*; the reduction being, in four days, from 90 down to 60 per cent. just previous to the accouchement which supervened on the 14th of December 1888, at full term. The presentation was L. O. I. The labor which lasted six hours, resulted in the birth of a live eight-pound male child. Forty grains kali bromidi exhibited at the beginning of cerebral disturbance which was characterized by garrulous incoherent speech, controlled these manifestations, and gave him ample opportunity to vigorously dilate the os with his fingers.

Considering the marked prodromata previous to the use of the benzoic acid, tinnitus aurium, vertigo, defective vision, general dropsy, especially of the face, and muscular twitchings, he was happy to state that the eclampsia which he and the other members had apprehended, had apparently been averted, and the labor was terminated without instruments, chloroform or veratrum viride, all of which however had been provided. Five days after delivery, by the continuous use of the benzoic acid and, of course in consequence of the removal of the mechanical pressure, the albumen had decreased to 22 per cent. and at the present time, January 8, 1889, it has entirely disappeared, and the condition of the the mother and child is perfectly satisfactory.

\* Vide Md. Med. Jour., Jan. 12, 1889, p. 212.

CLINICAL SOCIETY OF  
MARYLAND.

STATED MEETING FEBRUARY. 1, 1889.

The 221st meeting of the Clinical Society of Maryland, was called to order by the President DR. GEORGE H. ROHÉ, in the chair.

*Dr. A. K. Bond* read a paper on a case of

DOUBLE PHLEGMASIA ALBA DOLENS.

(See page 301.)

With remarks on the nature of the disease.

*Dr. J. G. Wiltshire* said he had seen one case of phlegmasia alba dolens, and that was double, in the study and treatment of which he had found pleasure and profit. He treated his case with local applications of muriate of ammonia, enjoined perfect rest. After the inflammatory stage was passed he employed gentle pressure by means of bandages. There are many theories as to the nature and pathology of crural phlebitis. That it is essentially a local manifestation of a general blood dyscrasia no one nowadays will attempt to controvert. Its pathology is involved in obscurity, but the weight of the evidence that has been gathered by Mackenzie, Fox, Playfair and others appears in favor of the theory that its course is found in a septic and hyperinosed state of the blood attendant on the puerperal state, on any other diseases, such as dysentery, phthisis, and malignant diseases, that give rise to a like dyscrasia; these, or either of them, can produce a phlebitis, and a subsequent lymphangitis, attended by all the symptoms of phlegmasia dolens. Fox says "the swelling peculiar to this disease is due to œdema plus something else, and that something else is obstruction of the lymphatics. It is said with force by the students of this subject, that phlebitis and lymphangitis are important elements of phlegmasia dolens, and with equal force it is also said that the lumina of the inflamed vessels are ob-

structed by thrombi; the former statement he can accept, but cannot see his way clearly through the idea that a vein can be obstructed without there being necrosis of the tissues from which that vein is returning the blood. He would rather adhere to the theory that there is only partial closure of the inflamed vein, and total obstruction of the lymphatics of the affected area, all conspiring to give rise to the swelling in the extremities so peculiar to crural phlebitis, at the same time allowing the blood to circulate through the affected limb."

*Dr. B. B. Browne* said that he saw a case of this disease in consultation last winter, where it came on shortly after labor; both legs were swollen larger than the woman's body. The only peculiarity about it was that the physician in attendance had three cases of the disease to follow this one. The patient in question finally recovered. The treatment consisted in wrapping the limbs in cotton, which was kept saturated with tinct. opii. After the acute symptoms passed away, bandages were used, and in three weeks the swelling subsided. Tinct. ferri chlor. was the internal remedy given.

*Dr. Hiram Woods* said that the location of the pneumonia referred to by Dr. Bond was an unusual one, and its duration was extremely long. We all know how prone negroes are to tuberculosis, and as that is put down as a cause of phlegmasia dolens it would be well if the doctor would tell us something in reference to that point.

*Dr. A. K. Bond* said that there were several things of interest in this case. It is stated by some authors that phlebitis is not always a preceding symptom in this disease, and it is probable that lymphangitis is an accompanying trouble at times. He was inclined to believe that in this case there was present a decided nervous element. In reference to the pneumonia he called it such because he did not know what else it could be. The special interest in the case was the fatal result, and the long time it took the disease to develop.

*Dr. Robert L. Randolph* read a paper on



## ANTISEPSIS IN OTORRHOEA.

*Dr. Samuel Theobald* said that he was very much interested in the paper of *Dr. Randolph*, especially in its reference to the use of the bichloride of mercury. This agent he had not employed to any extent. He had used boracic acid, however, and thinks that he uses it differently from the way in which it is usually employed. He does not believe it should be used in the form of powder in acute otorrhœa, but in solution. He is in the habit of directing his patients to syringe the ear with a solution of boracic acid, 15 grs. to the ʒj. of water; the method is perfectly safe, and it has given extremely satisfactory results in his hands. He was sorry that *Dr. Randolph* did not say in his paper what becomes of the perforation after the use of the bichloride solution. In the method of treating the disease with boracic acid he has not only been able to arrest the discharge, but has assisted in closing the perforation. In cases of longer standing he prefers the use of the powder. He has not been compelled to use boracic acid as frequently as *Dr. Randolph* has recommended for the bichloride solution.

In one case he had employed the bichloride of mercury, but its use was not satisfactory. The drum-head here was gone and the cavity ran back into the mastoid portion of the temporal bone. This patient had been under his care for some time, and he had been in the habit of using on him the boracic acid in form of powder, which did well. The other day he decided to try the bichloride solution and used it in the proportion of 1 to 2000. After its employment the patient had a painful time of it, a symptom which had not followed the use of boracic acid.

*Dr. Robert L. Randolph* said that, as is ordinarily the case with dispensary cases, he was unable to follow them all as he would liked to have done, and for that reason he was unable to report fully on all the points connected with them. Those that he had been able to observe, however, he had found that the drum had pretty well healed. In the use of the bichloride solution he always dilutes

it if the first application gives pain.

*Dr. Hiram Woods* said he had followed the experiments of *Dr. Randolph* at the Presbyterian Eye, Ear and Throat Hospital, and had himself used the corrosive chloride, with the dilute muriatic acid, on several patients. There seems to be good reason to believe that it is a most valuable agent. As *Dr. Randolph* has stated, it does not do so well in cases of small perforation, or in suppurations depending on the presence of polypi, granulation tissue or dead bone, in the former he prefers surgical interference and alcohol. It seems to be only a valuable addition to the antiseptics which we now have. Since *Bezold* introduced antiseptics as a treatment of otorrhœa, this method has been given the first place. According to *Politzer*, neither the "astringent" nor "caustic" treatment should ever be employed until the antiseptic method has failed. The "only method," introduced by *Dr. C. A. Todd* of St. Louis, and so strongly advocated by *Burnett* of Philadelphia, is really a modification of *Bezold's* antiseptic treatment. Dry antiseptic treatment unquestionably is efficacious when properly used. In *Dr. Woods'* experience, however, it is not equal to other methods if much dependence has to be placed on "home" cleaning, no matter what method is used the middle ear must be thoroughly cleansed. In some of our remarkable "antiseptic cases" he thinks the *cleaning* may have had as much to do with the result as the antiseptic. *Dr. Theobald* mentioned a case at a meeting of this society some time ago, in which a single application of a saturated boracic acid solution had cured an old chronic otorrhœa. Last Winter *Dr. Woods* had thoroughly drained out a tympanum full of decomposed pus, and one application of a saturated boracic acid solution had been followed by the immediate cessation of an otorrhœa 33 years old. The patient lives in the city and would probably have been seen had a relapse occurred. Certainly the antiseptic could not have acted without the previous cleansing, and it is a question if the latter would not have done as well without the antiseptic. *Dr. Roosa*, of

New York, has reported cases of recovery with no treatment besides careful cleaning. At the hospital Dr. Woods has seen the same thing. Both Dr. Randolph and Dr. Theobald had spoken of using the syringe and of the patient's having the ear syringed at home. In Dr. Woods' opinion the scare, raised some years ago, about the dangers of syringing the ear has very little foundation. For instance Burnett states that he thinks the syringe should be used about once in a hundred cases where the treatment is conducted at the patient's home. The speaker thought that it was very difficult to make patients understand how to use the dry method of cleaning. Even when they have learned how to introduce the cotton pencil into the ear, they do not get the ear as clean as they do with the syringe. He had never seen great harm follow syringing. In a few instances fainting or vertigo occurs and the use of the syringe has to be stopped.

His habit is to use the syringe for at least the *first* cleaning. If the perforation is large, and the boracic acid powder can be brought thoroughly in contact with the tympanic mucous membrane, he dusts this powder over the membrane after drying it. He never removes the powder for two or three weeks after the cessation of the discharge. If there is a small perforation, if the patient cannot be frequently seen, or if the above dry method does not produce improvement in a short time, he thinks the syringe, for cleansing, and the saturated boracic acid solution are the best means of treatment we have. Lately he has used the corrosive chloride solution instead of the boracic acid solution. Whether the results are better he cannot say. Certainly they are equally satisfactory. At the Manhattan Eye and Ear Hospital in New York, he heard Dr. Roosa remark to his class last October that he had discarded the corrosive chloride as an aural antiseptic because it produced redness of the canal and pain. In the strength of 1 to 4000, the effects had not been seen at the Presbyt'n Eye, Ear and Throat Hospital, although others have repeatedly observed

them, where stronger solutions have been used, and even weaker ones are sometimes painful. As a rule he thinks patients can use the 1-4000 solution without pain.

*Dr. N. G. Keirle* exhibited two specimens:

1. A uterus from a case of criminal abortion.

2. Uterus from a case of extra-uterine gestation at term.

He said the subject was to be considered from a pathological, physiological and moral aspect. Physiologically then, the uterus will receive the product. The endometrium enlarges and the placenta subsequently develops. From the product is produced the chorion, amnion and part of the placenta. What force, then, has the finding of a velvety condition of the endometrium; it is a physiological result of conception. Suppose, from such a uterus a clot comes, what will that clot mean? If we find the villi present we know there has been an abortion. If in the first month nothing but villi will be present, and no product of conception can be seen. The uterus will make a bed to receive the foetus then if it is an extra-uterine pregnancy.

He then showed the uterus from the case of an extra-uterine gestation. It was greatly enlarged and on its interior there was present the physiological change in the decidua. How would we determine the condition from membranous dysmenorrhœa? Gestation in this case went on to term, and the autopsy disclosed a male child in the abdominal cavity.

Another uterus was shown where it was thought a criminal abortion had been attempted. A tent had been in its neck for about twenty-four hours and it was possible that it lay transversely. An ulcer resulted from its presence. The decidua resists if there be present metro-peritonitis, but in this case no evidence of it could be found. It was shown, however, that she died of septicæmia and the point at which infection passed into her economy was from the ulcer in the neck of the uterus, and not from the decidua.

W. J. JONES, M. D.,  
Recording Sec'y.



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## Editorial.

PRIZE ESSAYS.—If money is a stimulus to investigation in medicine, then we should expect unusual developments in the next years. For at the present time it seems as if countries, cities, learned societies, medical schools and private individuals were all vying with each other in offering prizes for essays of a certain quantity and quality on specified subjects. Practically we know that prize essays and prize men make about as much impression as some passing meteor. They and their brilliancy are soon forgotten. The best work, whether in original investigation or deductions from carefully recorded experiences, is rarely done under the stimulus of a wished-for prize medal or sum of money. The best work in medicine, as in everything else, is not that to which a committee of biassed men award a prize, because the subject may be a hobby of the judges, but it is that work which the medical world at large recognizes as masterly, and which will outlive contemporary writings.

It seems very unfortunate that prize

men, honor men, etc., rarely amount to much in life's struggle. Their allotted energy is exhausted in one grand effort, and they live on past glory while they have the chagrin of seeing their mediocre colleagues in study outstrip them in life's race. It is truly a question whether the bait of a prize brings forth the best work, and it may be much more questioned if the judges, even when eminent men, are able to appreciate what the unknown writer (perhaps equally eminent) has spent, perhaps, years in perfecting.

ERYTHRO-MELALGIA. — This name—compounded from Greek roots signifying "red," "limb," "pain"—was applied in 1878 by Dr. Weir Mitchell to a painful and persistent disease, which is probably known to many of our readers. In the *Lancet* of January 5, 1889, Dr. Morgan gives an account of five cases which he has seen in the last three years. In four of these cases one or both limbs were affected, the symptoms being intense pain in the leg or foot, attended by a burning sensation in the sole of the feet, with swelling, which in some cases did not pit on pressure, and redness of the part. These symptoms were increased by hanging the limbs down and diminished by keeping them horizontal. Heat—even the warmth of the bed-clothes—increased the sufferings of the patient. Pressure at certain points upon the nerve-trunks of the limb gave great pain. Some of the patients had to give up walking and standing; some walked throwing the weight of the body on the outer side of the foot. In the fifth case, the arm was the seat of the trouble. Long-continued work with the hammer first induced the attacks of pain, which were followed by redness and swelling. The pain was always worse when the arm hung down. It was almost entirely confined to the median nerve, as it is distributed over the palm of the hand and between the fingers. The disease in all cases became worse when the patient's general health deteriorated, and better when the health improved. The administration of various remedies by the mouth and the application of ban-

dages, massage, and galvanic and faradic currents gave but little relief. Local cold douches did good in some cases. In one case the injection of morphia and atropia, twice a day for three weeks, into the inner side of the foot, seemed to work a cure. The disease generally resists all treatment and continues the same or becomes more severe and widespread as years roll by. Dr. Morgan thinks that, probably, the paroxysms of pain are due to an inflammation of the nerve-sheath dependent on a cachectic taint in the system, while the vaso-motor phenomena are caused by a reflex irritation starting from the affected nerve and transmitted to the vaso-motor centre in the cord.

### Miscellany.

UNION PROTESTANT INFIRMARY.—The thirty-fourth annual report of this excellent institution shows what a good work it is doing in a quiet, unostentatious way. Through the efficient board of lady managers always untiring in their efforts, many improvements have been made in the past year and prominent among them is a passenger elevator and a corps of trained nurses from the Philadelphia Training School. The hospital has about fifty or sixty beds which are generally well filled during the severe months of the year. With the exception of obstetric cases and contagious diseases, all cases are admitted either as ward patients where for a nominal sum and generally for nothing they are under the care of the attending physicians and have the attention of the trained nurses and whatever consultation advice that may be necessary, or as pay patients are admitted to private rooms and may be attended by their family physician or any physician of good standing in the city whom they may choose. Patients also have the advantage of an experienced resident physician. The institution is in part endowed and partly supported by voluntary subscription.

BALTIMORE EYE, EAR AND THROAT CHARITY HOSPITAL.—The seventh annual

report for the year 1888, has just appeared and shows the hospital to be in a very prosperous condition. The aggregate attendance in the dispensary was 7,433,—5,673 in the eye and ear and 1,760 in the throat and nose department. 262 surgical operations were performed. The total number of days board furnished patients was 1,559. Since the opening of the Hospital in the latter part of 1882, 10,732 patients have been cared for, and 1,428 surgical operations performed while the aggregate attendance at the clinics presents a total of 47,338. The attending medical staff consists of Drs. Russell Murdoch, Samuel Theobald, J. G. Wiltshire, Mactier Warfield and Edwin T. Morrison for the eye and ear; Drs. Samuel Johnston, J. H. Hartman, John N. Mackenzie, and Edwin T. Morrison for the throat and nose. Dr. J. R. Starr is the resident physician.

USES OF BORACIC ACID.—Dr. Lebovich, in the *Wiener med. Presse*, narrates some uses to which he has put boracic acid.

1. Boracic acid acts antiseptically. Every soldier should carry one ounce of it in his overcoat pocket, and a handkerchief cut into two triangles for necessary bandages. Simply sprinkling a wound with finely powdered boracic acid suffices to insure rapid healing. This remedy being odorless and itself absorbing all odors, the author has used it advantageously in abscesses, ulcers of the feet, caries and necrosis of the bones, and in complicated fractures.

2. In anthrax and after the incision of furuncles it acts well when applied directly to the parts. Forming furuncles should be painted several times daily with the following:

R<sub>x</sub>—Boracic acid }  
Water }    aa equal parts.

3. In burns, when the flesh is exposed, it is necessary to be careful with poisonous antiseptics. Boracic acid possesses the advantage of being non-poisonous. He covers the burnt surfaces with a boracic vaseline ointment in the proportion of one to five;



R.—Boracic acid (finely powdered) 20 parts.  
 Glycerine . . . 15 "  
 Mix, and add,  
 Vaseline . . . 85 " —M.  
 Apply twice daily.

In severe burns, with fever, the author combated the fever by the internal administration of the following:

R.—Boracic acid . . . 4 parts.  
 Glycerine . . . 10 "  
 Water . . . 100 "  
 Syrup of poppies . 25 " —M.

Sig.—A teaspoonful every two hours.

4. In skin diseases, such as pemphigus, eczema, rhagades, rupia, and scabies, the results obtained with boracic acid have been most favorable. The formula used was:

R.—Boracic acid (finely powdered) 10 parts.  
 Glycerine . . . 20 "  
 Lanolin . . . 30 "

The treatment of scabies consists in first taking a warm bath and then rubbing the affected parts with boracic-vaseline salve (first one to two; later equal parts). The duration of this treatment averaged six days. In a case of granular conjunctivitis a cure was effected within forty-five days; a like result was obtained in some cases of pannus. Chronic scrofulous otitis is improved by lukewarm injections of concentrated boracic acid solutions; the application of boracic acid glycerine (one to ten) to stomatitis, aphthæ, or tonsillitis is followed by a curative effect.

5. For coryza:

R.—Boracic acid (finely  
 powd.) } equ. parts.—M.  
 Powdered coffee }

Use as a snuff.

6. In some cases of chronic endometritis with leucorrhœa and sterility, the uterus was filled with powdered boracic acid, and then a boracic acid tampon applied. After removing the tampon, the

cavity was irrigated with a boracic acid solution. A cure was generally effected after a three or four months' treatment, in some cases conception following.

7. In cystitis the bladder was washed out (in acute cases) with a three per cent. boracic acid solution, and in chronic cases this treatment was followed by the internal administration of from forty-five to ninety grains of boracic acid.—*Deutsche med. Wochenschrift*, January 24, 1889.—*Med. News*.

DR CROCQ ON BLOODLETTING.—Dr. Crocq, speaking recently at a meeting of the Belgian Academy of Medicine, took up the cudgels in favor of bloodletting. He pointed out that abstraction of a moderate quantity of blood diminishes the intra-vascular tension and stimulates the vaso-motor centres, thus diminishing the lumen of the vessels. The pulse is in this way accelerated, but soon regains its normal frequency; the heart acts more easily, its movements meeting with less resistance; respiration becomes freer and the patient feels more at his ease; a new stimulus is given to the movements of nutrition; and, finally, there is a retardation of the organic combustion in consequence of the diminution of the quantity of oxygen taken up by the blood, by which the formation of carbonic acid is retarded, and the temperature therefore goes down. Remarking on the objection frequently urged against venesection—namely, that by the abstraction of a large quantity of hæmoglobin and of albumen hydræmia is produced and serious nutritive morbid changes set up,—Dr. Crocq declared that this was all very well in theory, but that it did not occur in actual practice, for no medical man bleeds repeatedly in sufficient quantities and at such short intervals as to cause mischief of that kind.—*Lancet*.

CUTANEOUS SWELLINGS AND MENSTRUATION.—A recent number of Volkmann's *Sammlung Klinischer Vorträge* contains an article by Professor Ernst Börner, of Graz, on the cutaneous swellings sometimes observed in women accompanying menstruation and the menopause.

The author remarks in connection with these two processes he has observed distinct, transient, local swellings of the skin, and especially of the face. But without any neuralgic accompaniment, at these times cutaneous swellings sometimes are noticed strikingly like urticaria; they may also sometimes be easily mistaken for erysipelas. Itching is generally absent, and the swelling is sometimes confined to the face, and sometimes it is diffused over the whole body. He notes two distinct forms of this affection, one characterized by increased local warmth and hyperæmia. This form is caused by temporary paralysis of the vasomotor nerves or by reflex excitation of the dilators, with increased influx of blood. The conditions under which transudation takes place through the capillary walls are suddenly changed thereby, transudation in the neighborhood is increased, and distinct swelling of the part implicated takes place. This form is met with principally in poor-blooded women, but sometimes also in those who are healthy. The second form shows no redness or increased heat. The condition in these cases is dependent on increased blood-pressure of one of the large blood-vessels, that disappears before compensatory local hyperæmia can be set up. Before this compensatory hyperæmia has time to take place, the increased pressure communicated to the capillaries has already caused increased transudation in the surrounding tissues. In this class of cases the affected parts often feel colder than the neighboring healthy parts. These cutaneous swellings disappear of themselves at the close of the period. The fact that the whole body may be implicated renders it clear that the cutaneous vessels generally have a certain relationship to the vascular system of the genital tract.—*The Medical Press*.

**PUPILLARY CONTRACTION DUE TO THE SALICYLATES.**—In the January number of the *Practitioner*, Dr. G. A. Gibson and Dr. R. W. Felkin record the singular effects of sodium salicylate in the case of a middle-aged woman to whom twenty grains were given every two

hours for an attack that was taken to be of a rheumatic nature. Soon after she had begun to take the drug her pupils were found to be decidedly contracted, their reaction to light was absolutely lost, vision was distinctly impaired, tinnitus aurium and deafness were present, and there was severe headache, chiefly over the occipital and parietal regions. These effects soon disappeared, and the patient made an excellent recovery. The authors remark that such phenomena might lead to an error in diagnosis, and they are inclined to explain them in their case as due to an idiosyncrasy.—*N. Y. Med. Journal*.

**THE PARALDEHYDE HABIT.**—In the January No. 1889, *Alienist and Neurologist*, the editor writes, "The first case of this kind has come under our observation lately in the person of a maiden lady of forty-two years of age who, through the assistance of her physician was conducted from the use of morphine and chloral into that of paraldehyde and he could get her no further. All attempts at abandoning the pernicious habit have been futile. The lady now consumes one ounce or more of the drug daily, and has taken as much as twenty ounces in twelve days. She cannot sleep unless under its influence, and when deprived of its use for a few hours she is languid, restless, miserable, suffering physical pain and mental depression and she has no appetite.

Unlike morphine deprivation she has no exhausting diarrhoea, muscular tremor or "electric pains" when without the paraldehyde, but like all remedies which exercise marked psycho-neural restraint after long continued use, the patient misses, in a marked and painful manner, the sudden withdrawal of the long accustomed nerve impression.

She has somewhat prematurely reached her menopause and some of her irritability and debility may be due to that but she is irritable, exhausted and collapsed when the drug is not freely circulating in her blood. We gave her a supporting prescription of hypophosphites, strychnia, arsenic, the ammonium bromide and



muriate, with enough syrup and Mariani wine to make a very palatable prescription with chloral at night; but lacking the paraldehyde, it was not agreeable to her, nor were our further services, and we were involuntarily compelled to leave this unfortunate patient to her fate.

THE REMOVAL OF CERUMEN AND THE PREVENTION OF CONSEQUENT FURUNCLES.—Lowenberg ("Practicien"; "Gaz. hebdomadaire des sciences médicales") thinks that, in view of the liability to the formation of a furuncle after the removal of a plug of cerumen from the ear by simple syringing, the mass should be treated previously for a day or two by instillations of an antiseptic solution made after the following formula:

Boric acid . . . . .	7 parts;
Glycerin,	} each 100 "
Distilled water,	

The solution should be warmed and dropped in from a test-tube. It is to be applied twice a day, the liquid being allowed to remain in the ear for fifteen minutes. The patient should be informed that this may increase his deafness for the time being, on account of an augmentation of the plug by imbibition, but it softens the mass and facilitates its expulsion.—*N. Y. Med. Jour.*

COCAINE POISONING BY VESICAL INJECTION.—Dr. Alejandro Settler, of Madrid, has recorded a case of cocaine poisoning which presents some peculiar features. A patient suffering from painful cystitis and chronic prostatitis had been in the habit of injecting 20 or 30 grammes of a 4 per cent. solution of cocaine into his bladder daily, for seven months. When he came under the care of Dr. Settler; that gentleman determined to try the effect of injecting a solution of nitrate of silver into the bladder, previously made as far as possible insensitive by the injection of a 4 per cent. solution of cocaine. On the second day of this treatment Dr. Settler injected the cocaine, leaving it in for twenty minutes and then drawing it off. The caustic solution was then injected and drawn off,

and lastly the bladder was washed out with warm water. As the pain caused by the nitrate of silver was severe and persistent, the patient himself injected cocaine into his bladder—an art in which long practice had made him proficient—and drew it off in from fifteen to twenty minutes. Soon after the last injection symptoms of a somewhat alarming kind showed themselves. The patient, who was naturally of a very taciturn disposition, suddenly began to talk with the greatest volubility. His sentences were unfinished, his speech indistinct, and his voice thick and quavering; he complained of giddiness and nausea; got up and sat down suddenly; and his gait was so unsteady that in walking he had to cling to the furniture. The tongue, mouth, and fauces were quite dry, the mucous membrane blanched, the body covered with cold sweat; the pulse was small and thready, beating 105 in the minute; he two or three times vomited glairy matter. Eight hours after the onset all these symptoms disappeared and the patient was quite well again. It should be mentioned that the course of recovery was twice interrupted by slight relapses, all the symptoms suddenly returning for a minute and a half. Dr. Settler thinks it remarkable that poisoning should have occurred in so thoroughly seasoned a subject; but it may be pointed out that a much larger dose than the patient was accustomed to was no doubt absorbed, four injections of the alkaloid having been made in one day.—*British Medical Journal.*

IGNIPUNCTURE OF THE TONSILS.—Dr. Wilhelm Roth, of Fluntern, finds that in order to reduce the size of the tonsils without risk of troublesome hæmorrhage, which is not uncommon, especially in young subjects, the best plan is to employ ignipuncture, as has been recommended by Krishaber, and more recently by Verneuil. The tonsils and neighbouring parts are first brushed over with a 10 to 20 per cent. solution of cocaine. The finest point on the thermo-cautery, heated to redness, is then inserted to a depth of about five millimetres in three

or four spots a few millimetres apart from one another on the tonsils. The instrument is not allowed to remain more than one or two seconds in the tissue. The whole operation, including both tonsils, can be performed in a very few minutes without any bleeding, and with scarcely any pain. It must be repeated four or five times at intervals of two or three days, and this is usually sufficient to cause the tonsils to return to their ordinary condition.—*Lancet*.

AN OPHTHALMOLOGICAL TEST FOR FEIGNED BLINDNESS IN ONE EYE.—A German factory hand claimed damages for accidental total blindness of left eye. Experts proved the eye sound by the following test;

The plaintiff was asked to read, through glasses, the left being clear white the right red, some words written in green or black ground. The man read the writing readily, which he could not have done with any but the eye he claimed was defective, since the red glass adjusted to the right eye would make the green letters appear black, and of course invisible on a black ground.—*Alienist and Neurologist* 1888, (October.)

DERMATOSES FOLLOWING MENTAL SHOCK.—A lady after witnessing a violent assault upon her husband, was much prostrated by the fright, and three weeks later a bullous eruption, having the characteristics of foliaceous pemphigus, and accompanied by incessant pruritus, made its appearance. Another case was a little girl who was rescued from burning, and remained for some time in a condition of prostration from fright. A month afterward a pemphigoid eruption made its appearance on the body, disappeared under treatment, but reappeared again several times. A third case was that of a woman who became very much excited in a quarrel with her husband. A few days afterward an exudative erythema made its appearance on the arms, hands and feet; and vesicles on the lips. E. de Smet has recorded cases of purpura hemorrhagica from the same cause.—*Progrès Médicale*.

#### MENSTRUATION A CONTRAINDICATION FOR THE ADMINISTRATION OF ANTIPYRIN.—

Dr. H. Huchard reports in the *Revue Générale de Clinique et de Thérapeutique*, January 24, 1889, the following case: A few months ago he administered to a woman suffering from severe dysmenorrhœa fifteen grains of antipyrin. After a short time the menstrual flow ceased, the patient being taken with a severe chill, with chattering of her teeth, and the extremities and face becoming cold and cyanotic with repeated fainting fits and syncope. Soon the face became red and flushed the pulse small and soft, the patient complained of severe headache. She recovered. The author observed several other cases with less severe symptoms and has since then not administered antipyrin during the first two or three days of the catamenial epoch.—*Med. News*

MARKEDLY PROTRACTED COURSE OF SUPPURATIVE OTITIS MEDIA IN THREE CASES OF TUBERCULOSIS.—Eitelberg (*ibid.*) reports three cases of this kind occurring in tuberculous individuals, who showed great emaciation, constant coughing, and hectic flush upon the cheeks. Night-sweats occurred in all, and profuse hæmoptysis had repeatedly endangered the life of one of them. After a severe hæmoptysis, the first symptoms of aural disease appeared in one of the patients. At the first examination in all the cases, Eitelberg could only diagnosticate acute catarrhal inflammation of the tympanum. The patients complained of deafness, tinnitus, and obstruction; the membrana tympani was retracted and dull, and the vessels along the handle of the malleus were slightly injected. This simple catarrh of the middle ear was transformed later into a suppurative otitis media, probably by the progress of the tuberculous auto-infection; though it is possible that the process was mildly suppurative from the start. The duration of the prodromal stage varied from two weeks to nearly two months in these cases—a remarkably long period.—*N. Y. Med. Jour.*



**AN UNUSUAL CAUSE OF ASTHMA.**—Professor Leyden had recently under treatment a young lady who suffered from extremely irritable cough, with some pain in the neck. The diagnosis he made was that of bronchial catarrh combined with asthma. The remedies he prescribed were of little use. He then sent the patient to Schwalbach, but this also proved of no avail. It was then proposed that she should spend the winter in a warm climate, when she appeared one day with the gratifying intelligence that she was now quite well. Upon drinking a cup of tea that morning she was seized with an exceedingly violent fit of coughing, so that she thought she would have been choked. Suddenly, however, she coughed up a small portion of bone, and having got rid of that her cough was at an end. It seems that some eight or nine months previously she swallowed a piece of bone while eating, which caused a most violent attack of coughing. She immediately sought the aid of a medical man, who passed a probang, but found nothing. Ever since that time she had suffered from the cough and from severe pains in the throat, for which she ultimately consulted Professor Leyden. It is impossible to say exactly where this splinter had lodged, but having sharp points, these were probably embedded in the mucous membrane of one of the bronchi. A somewhat similar case is mentioned as having occurred under the care of Professor Bardeleben in the Charité, Berlin, where a case of persistent hoarseness was found after death to be accounted for by the lodgment of a coin (a one-mark piece) below the right vocal cord.—*Lancet*.

**MUMPS AND DOUBLE ORCHITIS.**—In June, 1887, Dr. Manbrac noted an interesting case which occurred at Bizerte during an epidemic of mumps. A man, aged 45, was suddenly seized with painful swelling of the left parotid gland. For four days there was much tumefaction, and the patient was feverish. On the sixth day the swelling had slightly

diminished, but orchitis of the testicle set in. The complication lasted five days; during that time the parotid swelling became smaller. The patient then appeared to be convalescent. On the sixteenth day, however, the patient complained of much pain in the right testicle. The entire gland appeared to be involved in very acute inflammation. By the twenty-fourth day the patient was nearly well; the buccal mucous membrane remained somewhat oedematous, but the patient could open his mouth and masticate food without pain. Both testicles seemed to have returned to a perfectly healthy condition. Dr. Manbrac, writing in the *Gazette Medicale de Paris*, notes that the epidemic occurred amidst a population of 7,000; nearly ninety children were attacked, yet the above patient was the only subject older than 20 who suffered from mumps. He lived in a house where a child, aged 6, was laid up with mumps. His teeth were remarkably sound, and his health when attacked was good. He had no trace of syphilitic, gonorrhœal, or malarial taint. The case is of distinct interest, as the undoubted occasional association of mumps and orchitis is as interesting as the singular association occasionally observed between parotitis and injuries of the abdomen or abdominal section.—*British Med. Jour.*

**CARCINOMA AND ATROPHY OF THE STOMACH.**—At a recent meeting of the Berlin Medical Society, Dr. Rosenheim, in a paper on the subject of Cancer of the Stomach, said that in fourteen out of sixteen cases of this disease free hydrochloric acid was constantly absent from the gastric secretion. In one case, however, there was an excessive amount. This was a case which had for years shown symptoms of gastric ulcer. Seven months before death there was an increase of pain and vomiting, and a tumor could be felt in the pyloric region. It was found to be an example of "cancer atrophicans," and an explanation of the presence of a large amount of hydrochloric acid was offered in the fact that

the mucous membrane generally was not involved. For, as a rule, there is associated with carcinoma a marked condition of atrophy of the gastric mucosa, and it is to this that the deficiency in acid has been ascribed by Ewald and others.—*The Lancet*.

**DIABETES AND TUMORS.**—Dr. Tuffier has recently published a monograph on this somewhat important subject in the *Archives Générales de Médecine*. The coincidence of diabetes and neoplasms, only noted hitherto in a few scattered publications, and entirely overlooked in standard textbooks, does not appear to be rare. This coincidence is not surprising to the author. He accepts M. Verneuil's bold theory that both tumors and diabetes are related to arthritic diathesis. Already almost every form of tumor has been observed in diabetic patients. Almost every form of diabetes has been found to attack persons already the subjects of tumor. As a rule, the constitutional disease comes first; the patient is diabetic already before the tumor makes its appearance. Malignant tumors, as a rule, advance without causing much pain, and somewhat slowly in these cases, but they proceed more rapidly than the diabetic symptoms. They are apt to be taken for innocent growths. The complication in question is very serious in respect to operative interference, as we all know. No surgeon should think of removing small, innocent tumors which are causing no trouble. Dr. Tuffier describes two instructive cases. In the first, death occurred forty hours after the removal of a small parotid tumor. The fact that the patient was diabetic had been overlooked. This was also the case in the second example of the dangers of operation under the circumstances. "A little hypertrophic tumor of the skin of the cheek" was removed, at the patient's request. Phlegmonous erysipelas, followed by sloughing set in and killed the patient within five days. Urgent operations must, Dr. Tuffier asserts, be undertaken with great caution. The safer are preferable to the most thorough, in his opinion. When an operation appears absolutely neces-

sary, but not urgent, it is important to spend some time in reducing the diabetic symptoms by medical treatment. Should, however, all the sugar and the polyuria disappear, the surgeon must still never overlook the nature of the patient's diathesis. Under the most favorable circumstances, in any case of that kind, deep operations and prolonged dissections, free division of vessels, and the formation of large flaps are to be avoided. The slow progress of tumors and the little pain which they produce are important facts, according to Dr. Tuffier. He has found that malignant tumors lie almost latent in diabetic subjects for a long period. Removal of a similar growth from a healthy subject would hardly insure him against so long an interval of time before recurrence. When an operation is thought advisable the thermo-cautery is preferable to the knife. No attempt to insure union by first intention should be made if it involves the slightest traction on skin flaps. The wound must be laid open, but dressed with extreme antiseptic precautions.—*British Medical Journal*.

#### TREATMENT OF INGROWING TOE-NAIL.

—Dr. Theodore Clemens of Frankfort strongly recommends the employment of tinfoil in the treatment of in-growing toe-nail. He first has the toe thoroughly washed with soap and carefully dried. He then envelopes the whole nail with tinfoil, putting a strip between the portion that grows in and the raw surface caused by it. The tinfoil is fixed by means of a very thin layer of common wax and the patient told not to wash the part, but to use dry bran for rubbing off the dirt. Of course the toe has to be repeatedly dressed with tinfoil; but, if the operation is carefully performed, it is surprising how long the tinfoil will remain intact, even when the patient is, as was usually the case in Dr. Clemens' hospital practice, very poor and very badly shod. The results are stated to have been most satisfactory, and are ascribed by Dr. Clemens not merely to the mechanical action of the tinfoil, but to the effect of the permanent contact of a



combination of metals comprising iron, copper, arsenic, molybdenum, wolfram, and bismuth, with a moist and growing portion of flesh. This, he says, brings about in a few weeks the complete healing of the sore, and cause the nail to grow more slowly and in a more healthy manner.—*Lancet*

THE FORMATION OF HÆMOGLOBIN IN THE SPLEEN.—Dr. Krieger, of Dorpat, has made a number of experiments on cats with the aid of Hüfner's spectrophotometer, for the purpose of discovering whether the amount of hæmoglobin contained in the splenic artery is greater than that in the splenic vein. He found that the quantity of blood in the splenic vein amounted to 9.52 per cent. while in the artery it was only 9.28 per cent. From these researches he came to the conclusion that hæmoglobin is actually formed in the spleen. The results are quite consistent with those obtained by different methods by Drs. Malassez and Picard in France and by Drs. Pashiutin and Vinogradoff in Russia. It is of course well known that there is a considerable quantity of iron in the tissue of the spleen, consequently there is no inherent improbability in Dr. Krieger's theory.—*Lancet*.

JAUNDICE FOLLOWING A STROKE OF LIGHTNING.—In the "Charité-Annalen" Dr. C. Gerhard gives an account of the case of a person who had been struck with lightning, an abstract of which is contained in the "Centralblatt für klinische Medicin." The patient came under treatment a few hours after the accident, having regained consciousness, but having no remembrance of what had occurred. The course of the current was shown by burning of the hair and by the characteristic arborescent figures, especially on the back. There was hæmatogenous jaundice, apparently due to the action of the electric current on the coloring matter of the blood, and the nerves and muscles were over-sensitive to both the faradic and the galvanic current.—*N. Y. Medical Journal*.

AMERICAN PHYSIOLOGICAL SOCIETY.—PRIZE FOR INVESTIGATIONS IN REGARD TO SOME POINTS IN THE PHYSIOLOGY OF THE NERVOUS SYSTEM.—With the wish to promote research in certain departments of Physiology, and to aid in defraying its cost, a member of the American Physiological Society has offered two hundred dollars for the best research or researches bearing on one or more of the subjects stated below, viz :

"The rate of transmission of nerve impulses, afferent and efferent, and the duration of reflex and reaction time in the higher animals, especially man; also the conditions, normal and pathological which alter such rates and times."

The competition is limited to residents of North America, and the prize will be awarded for original work done after January 1, 1889,

The award will be made by those persons who on October 1, 1890, constitute the Council of the American Physiological Society.

In making its award, the Council will take into consideration researches of which printed or legibly written accounts, marked on the outside, "Nerve Physiology Prize," have been received by the then Secretary of the Society before October 1, 1890.

To obtain the prize, a research must have a direct bearing on human physiology, and good researches on man will be preferred to similar researches on other animals; but experiments on mammals other than man, if applied to the interpretation of the phenomena of the human body and supplemented by observation on man, will have weight.

Previous publication will not debar a research from the competition, provided the work has been done after January 1, 1889.

The Council reserves the following rights: to withhold the prize, if in its opinion, no research presented is sufficiently worthy; to award only a part of the prize if, in its belief, a research, though meritorious, does not deserve the whole; to divide the prize between two or more candidates in ratios which seem

to it just; and if it think it desirable, to require a competitor to demonstrate his experiments to a committee appointed by the Council.

For the present, communications concerning prize should be addressed to

H. NEWELL MARTIN, Sec'y,  
Johns Hopkins University,  
Baltimore, Md.

**CURABILITY AND TREATMENT OF LARYNGEAL PHTHISIS.**—In the Polish bi-weekly *Wiadomosci Lekarskie*, July, 1888, p. 26, Dr. Alfred Sokolowski, house physician to the Hospital of the Holy Spirit in Warsaw, publishes a very able paper on the subject, based upon extensive observations of his own. The gist may be summarized as follows:

1. Laryngeal phthisis represents a curable affection, though cure is but rarely observed. Dr. Sokolowski himself, however, has met as many as ten cases of an actual permanent cure, in six of which recovery took place spontaneously, and in the other four under the influence of a local treatment. In every one of the cases there existed simultaneously pulmonary phthisis of a fibroid variety, with fairly mild local symptoms, while the patient's general state was pretty satisfactory, fever, sweats, etc., being absent. Nearly all of them lived in good hygienic and dietetic conditions, while a majority of them, in addition, had been repeated subjected to a climatic treatment.

2. Laryngeal phthisis can be most decidedly relieved or cured by a duly selected systematic local treatment, as the author's comparative experiments on hospital patients have proved. Of fifty cases, left without any local treatment, in only eight (sixteen per cent.) some amelioration was observed; but the remaining forty-two (84 per cent.) showed no improvement. Meanwhile, of fifty cases, treated by various local means (side by side with the general ones), in as many as forty (80 per cent.) an improvement was obtained, and only ten (20 per cent.) remained *in statu quo ante* or grew worse.

3. The best results are obtained from

the so-called 'combined method'—that is, from a combined use of lactic acid, surgical measures (scraping out with a curette, pinching out granulations with a pincette, etc.) and galvano-cautery. Lactic acid alone was used in twenty-four cases, of which fifteen improved (seven 'subjectively,' eight 'objectively'), while nine showed no amelioration. The 'combined method' was resorted to in sixteen cases, of which only one proved a failure, while the remaining fifteen improved (two 'subjectively,' thirteen 'objectively'). A general (dietetic, climatic, etc.) treatment must go parallel with the local one, since laryngeal morbid changes vary in an intimate connection with the pulmonary ones and the patient's general state.

[It would be very interesting to hear from Dr. Sokolowski something about the menthol treatment of laryngeal phthisis, to which Dr. Albert Rosenberg's recent striking communication has forcibly drawn attention everywhere.]—*London Med. Recorder*.—*Cincinnati Lancet-Clinic*.

## WASHINGTON NEWS AND COMMENT.

The regular meeting of the Washington Obstetrical and Gynecological Society has been postponed until March 8th, at which time Dr. J. Ford Thompson will read a paper upon and exhibit specimens of "Ectopic Pregnancy."

Within the past six months two specimens of ruptured tubal pregnancy have been exhibited before the Medical Society in this city. The first by Dr. T. C. Smith; the second by Dr. Lamb, of the Army Medical Museum.

The Fortieth Annual Commencement of the Medical Department of Georgetown University was held on the evening of March 1st. The valedictory was delivered by Dr. W. C. Woodward, and the address to the graduating class by Professor J. T. Johnson. The degree of Doctor of Medicine was conferred upon fourteen graduates, by the Rev. J. H. Richards, S. T., President of the University.



There were no prizes awarded, the class having voluntarily requested that the sum usually devoted to this purpose be expended at the discretion of the Faculty in the purchase of instruments and apparatus to suitably equip the new college building.

### Medical Items.

Dr. Walter W. White has been re-elected physician to the jail.

A German edition of Dr. St. John Roosa's *Treatise on the Ear* has just been published in Berlin.

The Swedish Government has permitted cremation under certain medical and clerical restrictions.

Dr. Harry G. Prentiss of Waverly, was married last Tuesday to Miss Nettie Aiken at Homestead.

The *Lancet*, February 16th, says the Russian government has found it necessary to issue a regulation forbidding female medical practitioners to attend adults of the male sex.

The College of Physicians and Surgeons will hold its commencement next Wednesday at noon. The banquet will be held at the Eutaw House at 8 P. M. the same day.

Dr. William Pepper, Provost of the University of Pennsylvania has announced that during the coming year it is proposed to put up a dormitory building for the accommodation of the University students.

Yellow fever is stated to have broken out at Versailles and to have numbered thus far four victims. It has been suspected that the disease has been imported from South America by means of parrots, whose plumage is suspected of having harbored the contagion.

There has been much said about the incompatibility and danger, when mixed, of Antipyrin and Sweet Spirits of Nitre. Dr. H. C. Wood (*Therapeutic Gazette*) has shown that when combined they may produce iso-nitroso antipyrin, a compound which is not toxic, but is not antipyretic.

Mrs. Eddy, of Christian Science notoriety, recently lectured in New York. She said, among other things, as reported: "I have found by actual experiment that as the drug is attenuated its power is increased, until, when the drug is all gone and there is only mind, its greatest efficacy is reached."

Des Moines, Iowa, has a crematory for the city refuse which cost only \$1,700. As an indication of its effectiveness there was at one time recently burned in it, in one hour, two dead horses, seven dogs, eighteen barrels of

garbage, three hods of manure, fifteen bushels of rotten eggs, and three barrels of rotten fish, and no offensive smell was emitted.

The municipal authorities of Moscow have voted a large sum of money towards the establishment of a hospital for incurables, as a thank-offering for the escape of the Czar, on the occasion of the late railway disaster.

The Flint Club, a social organization, limited to fifteen members, held an unusually enjoyable meeting last Thursday night at Tierney's. An excellent supper was served, followed by numerous witty and entertaining speeches. Prominent among the guests were Mayor Latrobe and Dr. Wistar, of Philadelphia; the latter read one of his clever original poems.

The American Public Health Association has been rather badly treated by the editors of the *New York Herald*, who asked permission to publish the Lomb Prize Essay on "Practical Sanitary and Economic Cooking for Persons of Moderate and Small Means," and then brought out a sensational and mutilated abstract of the essay. Probably no more could have been expected from the paper. The essay will be published in full by the association at a later date.

The following prizes are offered by the Academia Médico-Quirúrgica Española:—1. For the Academy Prize: a critical estimate of antiparasitic remedies in medicine, surgery, and obstetrics. 2. For the Morales Prize: a critical estimate of lithotripsy, lithotomy, litholapaxy, and perineal and suprapubic cystotomy. The Academy Prize is a sum of 250 pesetas (\$50) and the title of Corresponding Fellow; the Morales Prize is a sum of 750 pesetas (\$150), with the same title. Essays may be written in Spanish, Portuguese, French, Italian, English or German. Fellows of the Academy are excluded from competition. The essays bearing a motto and accompanied by a sealed envelope containing the name of the author, should be sent to the President of the Academy, Montera, 22 *bajo*, Madrid, on or before September 15th, 1889. Every essay sent in shall remain the property of the Academy.

The formal opening of the new Hygienic Institute, Rome, took place in January, without any ceremony. An introductory lecture was delivered by Signor Pagliani, Director of the School, and Professor of Sanitary Engineering, in which he stated that the programme of study would include, besides his own subject, bacteriology, microscopy, and chemistry as applied to hygiene, demography, diseases of workmen, epidemiology, meteorology, etc. There was a large audience, many representatives of sanitary and statistical science being present. The institute promises to be a great success. Applications for admission have already been received to a number three times greater than there is accommodation for. Thirty-four medical men, eight pharmacists, and four engineers have entered their names for practical work, and many more will be admitted to the lectures.

## Original Articles

### SUPPURATING PAR-OVARIAN CYST.\*

BY WILLIAM E. MOSELEY, M. D.  
OF BALTIMORE.

Had this been a case of simple par-ovarian cyst, I should not have considered it worthy of a special report, but in several particulars the case is exceptional. In the first place it occurred in a mulatto woman, such growths being extremely rare in the colored race. Secondly, it was a *suppurating* par-ovarian cyst, and thirdly it had ulcerated through into the left Fallopian tube and so discharged some of its contents through the uterus.

Mrs. T., a light colored woman, presented herself at my private dispensary on the third of last October (1888). She was about thirty-five years of age, had been married seventeen years, but had never been pregnant. Up to last July her menstrual history had been perfectly normal.

Three or four years before, she first noticed a slight tumefaction of her abdomen, which increased and diminished by turn, but gave her no particular discomfort, and apparently had no marked effect upon her general health.

In July, 1888, her menstrual flow appeared as usual, but did not again appear up to the time of her consulting me. Co-incident with the cessation of her menstrual flow the tumor in her abdomen began increasing in size, and her general strength failed.

Examination showed the following condition: The abdomen contained a tense, perfectly smooth, elastic tumor, reaching from the pubes to about half way between the umbilicus and ensiform cartilage. It was uniformly flat on percussion except in either flank. Fluctuation was very marked in all directions, and the abdominal wall seemed to be freely movable over the surface of the growth. Changes of position made no change in the above signs. Abdominal

measurements at this time were as follows: Circumference at umbilicus  $30\frac{1}{2}$  inches, pubis to umbilicus  $6\frac{1}{2}$  inches and ensiform cartilage to umbilicus  $8\frac{1}{2}$  inches.

Digital examination showed apparently a small uterus, which was flattened up against the pubes, with no other sign of uterine disease. Fluctuation could not be made out in the vagina. The woman's general condition was bad. She was very anæmic and weak, appetite poor and bowels constipated. I determined to watch her for a time, to build her up as much as possible, and to act in accordance with future developments, feeling certain that she could not well be in a worse condition for operation, and could probably be gotten into a better one.

She had suffered much from malarial troubles, and was put upon arsenic, iron and quinine, with good food and rest in bed. Her abdominal measurements during the following two months changed but very slightly. Her temperature varied between  $100^{\circ}$  and  $102^{\circ}$  in the axilla, and her pulse ranged from 90 to 100 beats per minute. But her general condition did improve very markedly.

On November 13th, I measured the depth of her uterine canal, and found it  $2\frac{1}{4}$  inches. At no time was there any cough or lung symptom. Taking all the facts into consideration, I felt that the most probable diagnosis was a tense, rather thick-walled monolocular cyst of the left ovary, and Dr. T. A. Ashby, who kindly saw her in consultation with me soon after this, reached the same result. The persistent high temperature, admitting that the diagnosis was correct, of course pointed in the direction of suppuration.

On December 5th, after the abdominal walls had been scrubbed with 1-2000 solution of bichloride of mercury, with the patient under ether, administered by Dr. Keyser and assisted by Drs. Ashby, Platt and Robert Johnston, I made the usual incision, a trifle less than two inches in length. No abdominal adhesions were found. Upon puncturing the cyst, a free flow of foul-smelling pus occurred and a little over a gallon was drawn off. Although some flowed down

\*Read before the Gynæcological and Obstetrical Society, of Baltimore, January 8th, 1889.



over the abdominal wound, this was kept so tightly closed by tension upon the sack, that I am satisfied none entered the abdominal cavity. There was a considerable adhesion to the omentum, which was ligated and cut. Great difficulty was found in separating the tumor from the uterine adhesions, which were unusually firm and extended well over to the right broad ligament and tube. All adhesions were tied with carbolyzed catgut and all bleeding vessels controlled in the same manner. The pedicle proved to be the whole length of the left broad ligament. This being so large and containing some large size vessels, was tied with carbolyzed Chinese silk, the stump thoroughly seared with a Paquelin knife at little more than a black heat and dropped back into the abdominal cavity. The abdomen was thoroughly washed out with warm boiled water, cautiously dried and the wound closed with seven carbolyzed silk sutures. The external dressing consisted of a piece of muslin upon which had been spread a considerable layer of antiseptic ointment (consisting of one grain of mercurial bichloride rubbed up in an ounce of benz. oxide of zinc ointment), upon this a piece of oiled silk, to prevent the gauze from coming in contact with the adhesive plaster, enough absorbent cotton, which had been freshly baked, to fill up the depression between the prominent iliac bones and a cotton binder. Then the patient was put into bed, between woolen blankets, and artificial heat applied.

The time consumed was about one hour and a half, most of it having been occupied in separating the tumor from its adhesion. The patient rallied well from the ether, vomited but once and showed no sign of extreme shock.

Four hours after the operation, my patient had a temperature of 98.2° in the axilla, and a full, smooth pulse of 83. The only anodyne given was one subcutaneous injection of a quarter of a grain of morphia. She took a cup of black coffee in teaspoonful doses, and as her stomach was undisturbed by it, was ordered milk in teaspoonful doses every half hour; this was gradually increased,

and at the end of forty-eight hours she was given beef tea (home-made beef tea and a teaspoonful of beef peptonoids to each cup full). The highest temperature reached was 101.5°, on the evening of the second day. The pulse was abnormally slow and was accompanied by a rather scanty secretion of urine. Infusion of digitalis failed to cause improvement in this respect, but the flow promptly increased upon the free use of lithia water and the pulse became normal. The bowels moved naturally on the third day, causing no pain. On the fourth day menstruation appeared, the first time for five months.

Three of the abdominal sutures were removed on the eighth day when union was perfect. The remaining sutures were removed on the fourteenth day.

On the sixteenth day the temperature suddenly went up to 102.1° in axilla, the rise evidently of malarial origin. Nine grains of quinine sulphate, in divided doses inside of six hours, reduced the temperature to normal, where it remained.

The examination of the cyst was kindly made by Prof. Wm. H. Welch, of the Johns Hopkins University, and his report was as follows:

#### EXAMINATION OF TUMOR REMOVED BY DR. MOSELEY.

The specimen is a unilocular cyst, has a glistening, grayish-white appearance, and presents numerous shreds of tissue, consisting of adherent bits of omentum and fibrous tissue. In the pedicle is included the abdominal extremity of the Fallopian tube, which measures thirteen ctm. in length. The Fallopian tube is intimately incorporated with the wall of the cyst, its fimbriated portion being obliterated. The wall of the tube is considerably thickened, its lumen dilated to about a half ctm. near the pedicle and becoming larger toward its communication with the interior of the cyst. A probe inserted into the tube passes readily into the interior of the cyst, through an opening about one ctm. in diameter, situated on the inner wall of the cyst.

Upon opening the cyst, one-half a liter of reddish gray, somewhat viscid fluid, mixed with dark red and greyish blood clots, escapes.

The diameter of the cyst is 23 cm. The average thickness of its wall 3 mm. This wall is composed of three layers, an inner of a yellowish gray, sloughy appearance; a middle of a gray, dense, fibrous aspect; and an outer corresponding to thickened peritoneum, which can be stripped off.

The inner surface of the cyst is irregular, yellowish, necrotic in appearance. There is an oval, depressed, ulcerated area, eight inches in length and five in breadth around the opening of the Fallopian tube into the cyst.

Upon microscopical examination no epithelium is found lining the cyst, but in its place a mass of pus cells, Gluge's corpuscles and fatty granules.

The fluid contained in the cyst is composed of red blood corpuscles, pus cells, most of which contain fatty molecules, and many are converted into Gluge's cells, free, fatty granules, and granular detritus without definite character.

*Diagnosis.*—Par-ovarian cyst, which has suppurated and has ulcerated into Fallopian tube. The unilocular character of the cyst and its intra-ligamentous situation indicate that it is of par-ovarian origin. The epithelial lining has been destroyed by the suppurative process.

The communication with the Fallopian tube is undoubtedly secondary, but it is not possible to say positively whether the ulceration is from the tube into the cyst or in the reverse direction. The extent of the ulcerating cyst around the opening into the tube would suggest that the direction of the ulceration has been from the cyst into the tube.

The free communication between the interior of the cyst and the cavity of the Fallopian tube, which is patent throughout the 13 cm. of its length removed, would make it possible for the cyst's contents to escape through the uterus and vagina. It would be interesting to learn from the clinical history whether such a discharge of the contents of the cyst ever took place.

WILLIAM H. WELCH, M. D.

After receiving Dr. Welch's report, I carefully questioned the patient regarding any free, purulent discharge from the vagina, and satisfied myself that such had occurred shortly prior to the operation, although nothing had been said to me regarding it at the time of its occurrence, nor was such a discharge present when I made a vaginal examination.

A word regarding the antiseptic ointment that I used in dressing the abdominal wound. I have used it for two or three years and have put it to several severe tests and it has always answered its purpose exceedingly well.

614 N. Howard St.

## URINARY CALCULUS AND LITHOTOMY.\*

BY THOS. W. KAY, M.D.,  
OF BALTIMORE.

Ex-Surgeon to the Johonniter Hospital at Beyrout, Syria.

From the works of the early historians we learn that vesical calculus was common in the East as early as the 2nd Century B. C. They were so common in fact that specialists were recognized in Alexandria who were called lithotomists and who confined themselves entirely to the extraction of stone, an existing law prohibiting all young practitioners from undertaking the operation. It is probable that lithotomy was practised long before this period, for Hippocrates made his disciples swear never to perform the operation. Florus the Roman historian states that the usurper Tryphon caused the report to be circulated that Antiochus the 6th, son of Alexander Balas King of Syria, suffered from stone, thereby procuring an operation on him which caused his death, about the middle of the 2nd Century B. C.

Stone in the East is probably as common now as it was then, and in no section of the country is it more common than in Syria; for in spite of the native operators the number which fall into

\*Read before the Baltimore Medical Association, December 17, 1888.



the hands of regular practitioners is considerable,

The native method differs from "le petit appareil" of the old French writers, (first described by Celsus), in using the median incision and employing no scoop. The operator passes one or two fingers into the rectum, hooks the stone in front and drawing it well against the perineum cuts down on it at the most prominent point, after which he easily forces it out.

Of those operated upon who escape death, a large percentage suffer from urinary fistulæ which are exceedingly hard to cure. As an example of the frequency of stone in Syria I will mention that Dr. Geo. E. Post has operated over 250 times during a residence of 20 years. This represents only a small part of the work done by the American, English, French, German, Syrian and Turkish surgeons.

The frequency of stone in Syria is not due to the water as has been thought by some to be the case, for it is as frequent in the Hauran, a volcanic district where rain water is used most of the time, as it is the Lebanon mountains where the source of the water is nearly entirely limestone. Nor do I think the climate directly affects its frequency, but it is chiefly due to the large number of poor who are imperfectly protected by shelter and clothing and who eat insufficient or improper food. It is true that certain villages furnish more calculi proportionately, than others, but there we find their inhabitants poorer and more degraded than in the neighboring villages. This I think will also be found to be the case in other countries, though it is not uncommon for calculus to occur among the wealthy classes. Calculus originates most frequently in the kidney, but sometimes in the bladder, their relative frequency being according to Heller as 100 to 1. Their apparent nuclei are most frequently composed of uric acid, but they may be composed of urate of ammonia, oxalate of lime, triple phosphate of ammonia, magnesia and phosphate of lime. I say *apparent* nuclei, for I incline to the opinion that in the majority of calculi some organic sub-

stance is the nucleus around which the inorganic substance accumulates. In Egypt where hæmaturia is very common a blood clot or the ova of the Bilharzia Hæmatobia has been found to be the nucleus in many calculi. Stone occurs most commonly in children, and as the poor are frequently subject to catarrhal and febrile attacks, it is quite possible that small particles of blood, mucus or fibrin may find their way into the urinary system thus furnishing a nucleus for the deposit of uric acid with which the urine is specially loaded. This can be seen in many calculi when a careful section has been made, a small cavity being left from the decomposition or desiccation of the animal substance. Colloid substances may be deposited between the different inorganic layers of a calculus, which on changes taking place in the urine swell and cause splitting of the stone. This was very prettily shown in one of my specimens where four of the fractured pieces were found in the urethra. In another specimen the nucleus was lying almost free in a hollow calculus due to desiccation of a thick layer of organic substance.

Though calculi are composed, as rule of several layers they are classified according to the outermost layer into two classes, the 1st being uric acid and the allied forms, and the 2nd the phosphates. To these can be added a 3rd class containing carbonate of lime, fibrinous, and other rarer forms. The 1st class is found most frequently in ill nourished children in whom an imperfect change of proteids into urea takes place, with a resulting increased production of uric acid. Stones of this kind are also found in persons of middle age who indulge in large quantities of nitrogenous food. Since uric acid is soluble in cold water only in the proportion of 1-14,000 to 1-15,000 parts and slightly more so in warm water, we can readily see how a nucleus may increase in size in such individuals. The oxalate calculus has its origin in the same way, oxalic acid being produced by changes taking place in uric acid or urates already existing in the urine. The phosphates are found most frequently in adults suffering from

some disease of the bladder or kidneys. Here the nucleus may be phosphate, but in the majority of cases it is composed of uric acid which by its presence sets up a cystitis with subsequent phosphatic deposit. As a rule only one stone is found in the bladder, but in two of 25 cases operated on by me more than one was found. In the one case there were two distinct nuclei, but in the other it was due to the breaking up of the outer layers of the original stone. The calculus is generally round or oval in shape, but it varies according to circumstances. The dumb-bell shape is due to the lodging of a small calculus in the urethra which as it grows becomes constricted by the neck of the bladder, as prettily shown in one of my specimens. Facets are not unfrequently found in calculi where several exist in the bladder at the same time. In a short paper I cannot dwell on the symptoms of stone, but for its diagnosis I will remark that I have found no searcher as valuable as a thin flexible uterine sound. It does for all ages and both sexes, and can be bent to any curve before its introduction, or after its introduction, with a finger in the rectum. It is true that it does not give as distinct "click" as Thompson's sound, but this is no more essential for diagnosis of stone than it is for the diagnosis of necrosed bone. It is also true that some of the best surgeons have been mistaken and cut for stone when none existed, but most cases reported were probably those of "missed stone." I was called in to a case of this kind some three days after the operation was performed, and was almost on the point of pronouncing no stone present when I detected a small hard substance between the fingers of my two hands as I made a bimanual examination. The bladder had been missed at the neck and my finger was then in a cavity, closely resembling the bladder, which had been hollowed out in the loose tissue in front of the rectum.

It is not my purpose to speak of the relative merits of litholapaxy and lithotomy, nor of its different methods of lithotomy. Each has its field, and a choice must be made on the merits of each individual case—the age of the

patient, the size of the stone the condition of the genito-urinary apparatus, and the general health. Of my 25 cases, 17 were lithotomies in children with one death from cellulitis and peritonitis in a child of 4 years of age from whom I removed a  $\frac{1}{2}$  oz. stone; 4 were litholapaxies in adults without a bad symptom, 1 was a lithotomy in a debilitated adult who died ten days later from diarrhœa; and three were suprapubic cystotomies, one dying from peritonitis and a second from cystitis.

The chief dangers to be feared in operating are wounding the artery of the bulb or the internal pudic, missing the bladder by the knife slipping from the groove of the staff or by the assistant withdrawing the staff too soon; opening up the recto-vesical fascia; wounding the rectum or bladder, and finally tearing across the urethra or pushing the bladder up out of the way while attempting to introduce the finger. Many instruments have been devised to overcome these dangers, but they are all expensive and none of them in my estimation come up to the scalpel when in a careful and skillful hand. In my first three cases I used a double lithotome and lost one of my patients; since that time I have only used the scalpel and have had the most satisfactory results—14 cases without a bad symptom. In operating I follow the left lateral method, but as there are several points in which I do not follow the rules laid down in text books I will describe it briefly. The patient having been prepared for the operation and put in the proper position a good sized staff is introduced till it comes in contact with the stone and then withdrawn so that its apex just rests in the bladder. This is then given to an assistant and the first incision 2-3 inches in length made through the skin and fascia down to the muscles. Then taking the staff in the left hand, the scalpel is made to transfix the perineal muscles from about the level of the anus to the apex of the prostate gland. The transfixion is done slowly, a slight lateral motion being kept up until I am sure that the point of the scalpel is in the groove of the staff, after which both knife and staff are slid



into the bladder. The staff is now left in the bladder and the knife withdrawn, the incision in the prostate and urethra not being enlarged, and that in the muscles only to the extent of about an inch. A second staff or sound is now introduced into the perineal wound and run along the groove of the first until it reaches the bladder when it is turned over so that the convex surfaces are in contact. The condition now very much resembles that of a female bladder with two curved retractors introduced through the urethra. The first staff is now held by the assistant, and the second one in the operator's right hand, while the left index finger is wedged between the two, until it overcomes the resistance of the sphincter vesicæ and enters the bladder. The opening is now large enough to allow most stones to be extracted, but if it is not, a probe-pointed bistoury can be used to enlarge the incision, or to convert it into a bilateral operation according to the requirements of the case. The staves can be withdrawn as soon as the finger entered the bladder, but their presence is found to materially aid the introduction of the forceps, after which the stone is extracted and the patient is treated on general principles.

The advantages of this method of operating can be readily seen. In transfixing the perineal muscles the blood vessels are better avoided, the urethra is opened well back of the bulb by a small incision, and the perineal incision is small, favoring rapid healing.

By passing staff and knife simultaneously into the bladder the dangers of missing the bladder, of incising the prostate to too great an extent, or of wounding the bladder or rectum are avoided. With the two staves in the bladder as retractors there is no danger of rupturing the urethra across, of pushing the bladder up out of the way of the finger, of passing the finger between the bladder and rectum, or of injuring the neck of the bladder in introducing the forceps.

A method offering so many advantages has no doubt been adopted by others before, but as yet I have seen no description of it.

No. 618 Park Ave., Baltimore, Md.

## Society Reports.

### BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD FEB. 11TH, 1889.

*Dr. John Morris* reported a case of confinement. The lady, passing along the street, was struck by a ball. Since then she has had constant pain just where the ball hit her. The baby is now eleven days old. It has a distinct mark on the abdomen, corresponding in site and appearance with the bruise received by the mother two months before delivery. This is hardly due to maternal impression, being a seven-months child, but was probable induced by the blow, the position of the fœtus in utero making the parts correspond.

*Dr. Waters* referred to the observation of an officer with Freemont in California, who said that whenever he shot a buffalo with calf, the calf had a characteristic mark similarly placed.

*Dr. H. T. Hill* narrated the following case:

Mrs. S., aged about 39 years, who had suffered for years with shortness of breath, œdema of feet, and general bad health, was the subject of a murmur with first sound of heart, its greatest intensity at base. Aortic stenosis was diagnosed, caused by an attack of rheumatism 15 or 20 years ago. She had been married for a number of years, and has never been pregnant, though frequently missing two or three periods successively. She had a large tumor filling the left iliac region, which had existed for years, and was supposed to be sub-peritoneal fibroid. She menstruated last about April 1st, 1888, but paid no attention to its non-appearance in May, June and July; consulted me in August. Knowing of the tumors, having previously examined her, and thought her depraved health explained the suppression of her menses, and put her on iron, etc., as a tonic. I noticed the enlarged abdomen, sought for fœtal heart sounds but found none. The cervix was firm and in natural position, body of uterus enlarged, but tumor might have caused it. In September I was still unable to make a pos-

itive diagnosis, but thought my patient not pregnant. I had Prof. W. T. Howard to see my patient, and he said he was not able to determine whether or not she was pregnant, but thought she was not. Subsequently, with a stethoscope, he decided she was pregnant. I was called and found my patient in labor about January 15th, 1889. When bearing down pains came on the condition became alarming. She would become cyanosed to such a degree that it did not disappear before another pain would recur, and with each pain increased cyanosis. I summoned a consultant, but before his arrival I alarmed my patient by telling her of the danger of holding her breath, and insisted on her breathing regularly regardless of the pains. By this means and whiskey, I carried her on until the cervix was sufficiently dilated to use instruments, when I terminated labor without any accident. Owing to the large size of the tumor the uterus did not contract on the left side. From the size of the tumor, the consultant suggested another child in the uterus.

I report the case because of the difficulty of diagnosing pregnancy and the alarming condition of cyanosis caused by heart trouble, and marked improvement by forced respiration.

*Dr. T. W. Kay* read a paper on

#### URINARY CALCULUS AND LITHOTOMY.

(See page 383.)

*Dr. Randolph Winslow* said his own experience was limited but his father's great—ninety-nine cases and one death. Though chiefly on children, some were on adults. He had never seen a lithotomy until he operated. His results may be considered good. An English surgeon reports 139 cases and one death.

*Dr. Winslow* said he did not see any reason for the modern supra-pubic operation. There may be at times reason for it, but results from the perineal operation gives more favorable results, especially in children. The supra-pubic does not allow for drainage. When the stone is too large for the perineal operation, it may be crushed and extracted.

*Dr. John W. Chambers* supposes the experience of all operators is nearly alike. The literature of the subject teems with it. More depends upon the condition of the patient than upon the operation selected, whether lithotomy or lithopaxy. Statistics show that unless the patient has some disease of bladder or kidney, most get well.

He operated upon a child 14 years old, removing a three-ounce stone. The child died with uræmic convulsion. That case ought not to be credited to the operation.

He had a case of a man, a stonecutter by trade, 56 years of age. Lithopaxy was done; 23 drachms of stone removed. No bad symptom followed. Patient resumed work on the tenth day.

Thinks he would prefer lithopaxy on himself, if he had a stone friable enough to be crushed.

HENRY B. GWYNN, M.D.,  
Recording and Reporting Secretary,  
1837 W. Lexington Street.

#### THE BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD FEB. 18, 1889.

The 164th meeting of the Academy was called to order by the President, DR. HENRY M. WILSON.

*Dr. T. A. Ashby* made some remarks upon the use of electricity to facilitate dilatation of the stenosed cervix uteri by the passage of sounds. He exhibited a simple apparatus which he had contrived for this purpose—a common sound insulated by a rubber tube and fitted for the attachment of battery wires. He had tried this method in only one case, but had met with such success that he thought it worthy of further trial, the stenosis yielding much more rapidly than when no current was used. Twenty-five milliampères was the greatest strength of current applied. He used the positive pole for the uterus and the negative on the abdomen.

*Dr. B. B. Browne*, said that he had



used a similar method for five or six years. He did not think that a barren woman was as likely to conceive when stenosis had been relieved by this method as when it had been cured by cutting or forcible dilatation. He had never known a case in which conception had followed electric dilatation. In dysmenorrhœa the application of electricity removes attendant cellulitis, and he has never known it to excite inflammation.

*Dr. J. J. Chisolm* after referring to the rather extravagant use of electricity in medicine at the present day, drew attention to the relative effects of the positive and negative poles.

*Dr. T. A. Ashby* said that the object of our experimentation with electricity now, is to find where it is useful in medicine. In treating sterility from stenosis, he treats always the accompanying disease of the endometrium. The use of dilatation is, largely, to enable us to reach and treat the endometrium. Sterility on the woman's side is not always due to mechanical interference with the entrance of the seminal matter, even when there is stenosis of the cervix.

*Dr. B. B. Browne* said he would expect better results from dilatation by electricity than from other methods, but although he had treated the endometrium alike in all cases, those patients upon whom he had used electricity had not conceived.

*Dr. J. J. Chisolm* called attention to sterility of the male. Where this existed treatment of the uterus would of course not be followed by conception.

*Dr. T. A. Ashby* said it was his habit in these cases to examine the contents of the vagina and uterus for spermatozoa shortly after coitus. If spermatozoa were dead when removed from the uterus, he continued treatment till he could remove them alive, and then discontinued treatment for a time in hope of conception.

*Dr. B. B. Browne*, spoke of Nægerath's method of testing the capacity of the male. He believed that in many cases of sterility the male was at fault,

as the result of gonorrhœa or stricture.

*Dr. S. T. Earle* read a paper on a

#### CASE OF BLIND FISTULA IN ANO TREATED UNSUCCESSFULLY BY ELECTROLYSIS.

The case was one that resulted from a case of ischio-rectal abscess that I opened freely November 19th, 1888. After it had been opened kept it well drained, and from time to time kept up gentle stimulation of the abscess cavity by the passage of probes twice each week; then by injection of a strong solution of carbolic acid given at the same intervals, to promote healing. These efforts were continued until December 31st, when the cavity had been apparently reduced to a narrow fistulous passage, but at that point it remained for several weeks without any appreciable improvement, when I decided to try the effect of electrolysis to promote healing of the fictitious track. I commenced with the use of the negative electrode in the sinus, using from 30 to 50 milliampères for ten minutes, at intervals of a week, and continued in this way for three weeks, after which I used the positive pole in the sinus with about the same strength of current for two weeks more. At the end of this time finding no appreciable improvement, I discontinued its use, and with a sharp pointed bistoury made a complete fistula of it cutting through the intervening tissue, and left it to heal as an open wound by granulation.

*Dr. J. R. Uhler* said the chief objection he had to such methods as electrolysis in these cases was the length of time required to effect a cure, both doctor and patient becoming tired of the treatment. Many years ago he had seen electricity tried by *Dr. Hammond*, then of this city, in the use of *Pulvermacher's* chain in disease of the eye, the application of a silver-zinc couplet to chronic ulcers of the leg, etc. The cases now related suggest some thoughts. Did any one ever know a woman to conceive with a dilated uterine cavity? In his opinion a small uterine cavity is necessary for conception. In the use of deep electro-

lytic applications great caution should be exercised.

*Dr. B. B. Browne* said that when the cervical canal had been dilated by electrolysis the sound would at the next sitting pass more freely into the uterine cavity than when much more extensive dilatation had been practised according to the old methods. He thought that perhaps the patulous condition of the uterine cavity after electrolysis had to do with the continued barrenness of the patient, the spermatozoa not being retained. In extensive laceration of the cervix women may conceive, but even then the cavity of the uterus *above* the internal os is not patulous.

*Dr. T. A. Ashby* said that the canal of the multiparous uterus would ordinarily admit a good-sized sound. He used the electricity chiefly to overcome abnormal spasm of the muscles about the uterine canal.

*Dr. S. T. Earle* said the case reported this evening was the first in which electricity had failed him. Heretofore he had had success in its use. A case which he reported some time ago, of extreme rectal stenosis from syphilis which he relieved by electrolysis, is still occasionally treated by him, and he is still very much pleased with electricity as applied to it. He thinks that many of the failures reported with this method are due to imperfect application of the current or to attending circumstances. This remark is with special reference to urethral strictures. In the case reported he had simply an abscess cavity, the walls of which he stimulated to action by electricity, hoping thus to effect a cure. In passing strictures we secure by electricity simply a relaxation of abnormal spasm.

*Dr. T. A. Ashby* said that he knew that the negative pole was the proper one to use but having passed the sound in his case attached to the positive pole and obtained good results, he had continued to use the same pole throughout the treatment.

*Dr. J. J. Chisolm* said that in destroying hair-bulbs by electrolysis, the needle, in certain cases, will not go in without force before the current is turned

on, and the part will bleed, but after the current is turned on, the needle will glide in of itself without bleeding, even when it does not enter the natural orifices in the skin.

A. K. BOND, M.D.,  
Secretary pro-tem.

## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING FEBRUARY. 15, 1889.

The 222d meeting of the Clinical Society of Maryland, was called to order by the President DR. GEORGE H. ROHÉ, in the chair.

Dr. James H. Baden, 2103 N. Calvert Street, was elected a member of this Society.

*Dr. William P. Chunn* exhibited a specimen of abdominal tumor that he had just removed. The patient was 48 years of age and the mother of three or four children, the last one of which was born about five years ago. Last March her abdomen began to swell, and she thought that she was pregnant. So no account was paid to the condition. She menstruated once in April and once again in July. In November following she was seen by her family physician and he decided that she was pregnant, but after ten months had passed by he knew that he was wrong. It was after this that he (Dr. Chunn) saw her in consultation. The interesting part of the case was in making a diagnosis. The tumor had grown to its proportions in eleven months. If no fluctuation could be detected that was a sign in favor of uterine fibroid. Her age though pointed to the fact of its being an ovarian tumor. He never knew a fibroid to grow, but once, after the menopause. He operated today and found an ovarian cyst, which he removed. The patient at this time is doing well, and he will report on it more fully in the future.

*Dr. W. B. Platt* read a paper on the treatment of non-malignant enlargement of the thyroid body, and related a case of the disease,



*Dr. George H. Rohé* asked how long a time his patient was under treatment.

*Dr. W. B. Platt* replied, altogether the time occupied about eight weeks.

*Dr. George H. Rohé* said that a considerable number of cases of this disease had been reported where electrolysis had been employed in the treatment with most gratifying results. He had treated two such cases himself. In one case where he used electricity, the daily measurements of the circumference of the neck showed that the growth decreased one inch in size in fourteen days. In the other case the disease disappeared almost entirely. She left the city during the summer, and when she returned in the winter it was scarcely noticeable at all. The mode of using the electricity is to place the electrodes over the growth and allow the current to pass through it in that way. Again, a needle has been used to transfix it and allowing the current to be introduced in this manner, but usually a scar results from this method and that is an objection to it.

*Dr. T. W. Kay* asked the president what was the strength of the current he employed in the treatment of his cases. He had used electricity himself in such conditions and found that it produced vertigo.

*Dr. George H. Rohé* said he employed it in the strength of about eight milliamperes. The application of electricity about the head will cause more or less giddiness at any time, but the cases he had treated showed no signs of vertigo.

*Dr. H. Harlan* said that he had once assisted *Dr. Pearson* in treating a case of goitre where good results were obtained by the injection of acetic acid. Some years ago he had a case of exophthalmic goitre under his care and he used electricity three times a week, but it did no good. The applications were kept up for three months.

*Dr. George J. Preston* said that the use of electricity in the treatment of Basedow's disease has shown most excellent results, judging from the work that has been done in recent years. *Vigouroux* has used it with success. He uses a weak current during seances of about five minutes, repeated twice a week, and

says he can cure most cases if seen early enough. The faradic current has also been used, but it is not so valuable. In one case he had observed he did not attribute the improvement so much to the electricity, as it seemed to improve quite rapidly under medicinal influence.

*Dr. H. T. Rennolds* said that he had now two cases under his care. In one case the gland was very large when treatment was first begun, but now one side of it has nearly disappeared. He has been making the applications twice a week for about four months. No bad symptoms have been observed since its employment. In the other case the growth was small but it pressed on the trachea and gave rise to very unpleasant symptoms. Here electricity gave most excellent results.

*Dr. George J. Preston* spoke of *Vigouroux's* experiments, and said that he found that in Basedow's disease the general electrical resistance was almost nil.

*Dr. Charles O'Donovan, Jr.* read a paper entitled

#### A PLEA FOR THE USE OF THE MANGANESE COMPOUNDS IN CERTAIN FORMS OF DYSMENORRHOEA,

In which he related several typical cases of different classes, from which he drew the following conclusions:

1. The manganese compounds are valuable additions to the therapeutics of dysmenorrhœa, from which, in a certain number of properly selected cases, great benefit may be expected.

2. This use does not interfere in any manner whatever with the administration of iron or the vegetable tonics, but rather aids, and is aided by them.

3. The best results from the use of these remedies may not be obtained at once, and failure should not be confessed until after a continuous trial, lasting for three months.

4. So far as we know at present, the black oxide of manganese is the most convenient form for administering these drugs.

*Dr. J. H. Branham* said that he had tried the value of these drugs, and the

results obtained were not so fortunate as those gotten by Dr. O'Donovan, Jr. In one case of dysmenorrhœa he was unable to get his patient to tolerate any form of the drug. Their administration caused a most intense burning pain about the stomach, and he was compelled to abandon their use. He tried it in several other cases and with the same disagreeable results.

*Dr. William. E. Norris* said:

I was greatly pleased with the most excellent paper read by the gentleman, but must confess that my experience with the use of the manganese preparations, was not as encouraging as that of the gentleman who has just read the paper.

Myself and colleague have been using the preparations of manganese in the Baltimore Eastern Dispensary for the past 2½ years, and have treated more than 150 patients, suffering from amenorrhœa and dysmenorrhœa with varied success.

In a large number of cases, it has failed in producing the desired effect of bringing on the menstrual flow at the period.

In perhaps 15 per cent. of the cases treated they were more or less benefited.

The cases should be carefully selected when we wish to use the salts of manganese. These preparations are contra-indicated in those conditions of the system in which the amenorrhœa is a conservatism of nature, serious organic disease of some vital organ being the cause, also when we have mechanical obstruction, ovarian irritation, hypertrophy or inflammation, or any serious uterine disease.

In amenorrhœa due to an impoverished condition of the blood, in that condition in which amenorrhœa is due to defective vascular or nervous supply to the generative organs and when we have pain due to functional cause, benefit may be hoped for by the judicious use of the manganese preparations.

The preparations used were permanganate of potash and the oxide of manganese in doses from ½ to 2 grains, made into pills by fuller's clay, given just after meals.

In a large number of patients treated by me, after taking a few doses of the salts of manganese the uncomfortable burning sensation in the stomach was so great, as to arouse opposition on the part of the patient to its further administration, and in many cases it was so badly tolerated by the stomach as to be rejected as soon as swallowed. So great, indeed, is this aversion to it, that some patients prefer to suffer the greatest agony at their monthly period, rather than tolerate the disagreeable effects of the remedy.

Again in some persons it produces most intense headache, and in others diarrhœa is brought on.

These are the chief objections to the use of the drug.

To obtain the good effect of the manganese preparations, they should be continued at least 3 or 4 months.

I had hoped that the gentleman reading the paper would have given us the physiological action of manganese preparations, for when I administer a drug I like to know how or in what manner it is supposed to act upon the human organism.

Bruce says of its action, internally that nothing definitely is known. The only definite knowledge we have of the action of the permanganate of potash preparation is when used as a deodorizer and disinfectant, its value being based upon the readiness with which it parts with its oxygen. The readiness of its decomposition tends to prove that it enters the blood in some nascent form and possibly may exert its influence on the uterus and appendages through the stimulant influence of the oxygen on the red blood globules, and by diminishing the lymph constituents of the blood, thereby diminishing its plasticity, and thus promoting the increased fluidity of the vascular fluid.

Biddle tells us that, "in small doses it improves the appetite, promotes digestion and the body gains weight," and in large doses cardiac action is depressed and the blood pressure lessened.

The manganese preparations, like other potash salts, are regarded as alteratives, here we have a mode of action in the menstrual disorders,



Bartholow says it enters the blood as an albuminate, that in large doses it produces effects analogous to the salts or zinc—progressive wasting and feebleness staggering gait and paraplegia.

Here we have suggestions of action, definite and pronounced, upon the spinal cord or its membranes, through the vascular supply.

Brunton tells us that manganese salts have the power of interference with the transverse conduction power of the cord. Therefore may it not be the reflex action, thus modified by small doses of the salt, the resultant action on the vasomotor nerves supplying the uterine blood vessels may permit dilatation of the uterine arterioles, and the consequence is an increased and easier flow of blood at the time of the period.

*Dr. James M. Craighill* said that he once had a young lady to apply to him for the treatment of cessation of menses. She was unmarried and he had no right to suspect anything wrong physiologically. He first tried her on apiol, but it did not cause its return. He then used potass. permanganate and she passed another period with no effect. Finally she fell from his hand, and he subsequently learned that she miscarried. He related this case to show that the drug was given to a pregnant woman and it did not cause abortion.

*Dr. T. W. Kay* asked what is the object of giving the drug if it so readily becomes decomposed, as we know it does? The permanganate of potash when administered does not enter the blood as such, and he would like to know its mode of action.

*Dr. W. E. Norris* said that he had used these salts in six cases where he subsequently found them to be pregnant. In none of them did it produce abortion.

*Dr. C. O'Donovan, Jr.* said, in closing the discussion, that he had never seen an abortion follow the use of manganese, but that Dr. Wm. E. Moseley had reported such a case at a meeting of the Gynecological and Obstetrical Society of Baltimore, held December 13th, 1887, which was the only case reported up to that time; so that, while it may not be a necessary consequence of the admin-

istration of the drug, yet the possibility of abortion must always be remembered. That the permanganate of potash is decomposed in the stomach is well known, and its rapid change may account for the troubles that so frequently follow its administration, and which have led to the substitution for it of the black oxide of manganese, which is so much more readily borne by the stomach, and gives results equally as good. He thought that the experience of Dr. Norris should lead to conclusions in favor of the use of manganese, rather than against it, if out of 150 cases treated he succeeded in relieving more than 15 per cent.; it being admitted by him that he had used it in rather an indiscriminate manner. The chief purpose in the paper had been to point out that the drug was of use in certain classes of cases, and to help to define those classes. It was not pretended that all cases of dysmenorrhœa could be relieved by it, but only a few of the vast number of them. Study and experience had resulted in dividing the cases that might reasonably expect benefit into certain groups, as related in the paper, and it is by following in these lines that we may expect the proper development of the use of manganese as a remedy for dysmenorrhœa.

W. J. JONES, M. D.,  
Recording Sec'y.

DIGESTIBILITY AS A TEST OF FOOD VALUE.—*Dr. Sarah E. Post*, discussing this question, concludes that:

1. Digestibility is not a complete test of food value.
2. Proteids are of the most value when limited in quantity and of the less easily digested forms.
3. Limitation of proteid food is particularly indicated in Bright's disease.
4. The spymograph furnishes important evidence in the pre-albuminuric stage of this condition.

Finally, "predigested foods" and "easily digested foods" should be reserved for cases in which the digestion is in fault. The value of such foods in the management of the pathological conditions of the digestive tract is beyond question.—*Dietetic Gazette.*

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Editorial.

THE HYPODERMIC USE OF ERGOT IN FACIAL NEURALGIA.—Severe facial neuralgia is an affliction which calls out the deepest sympathy of the physician, and tests to the utmost his therapeutic resources. Any method of treatment, which offers even the slightest chance of relief, is gladly welcomed in chronic and obstinate cases. In the *Peoria Medical Monthly* of January, 1889; Dr. Stewart states that, for the relief of facial neuralgia, ergot injected beneath the skin with a hypodermic syringe is incomparably superior to either aconite or gelsemium. He has used it in this way for six years, and has failed to give relief in but one case, in which case there was organic disease. Generally, one injection relieves the pain permanently. Sometimes two injections are required, and in a very severe and obstinate case which had baffled several physicians, he used three, with complete cure of the disease. He puts it into the temple, as nearly over the seat of pain as convenient. He

uses the plain extract, which he has made so that one minim represents two grains of ergot, throwing in eight to twelve minims, blood-warm, at one injection, without diluting. The extract must be from pure and good ergot, and must be reasonably fresh. If kept long, it becomes inefficient and irritating. When properly prepared and fresh, it produces more or less pain for ten or fifteen minutes, and when this pain subsides the neuralgia has usually disappeared, not to return. In sciatica and other forms of neuralgia he has used the same method without decided benefit.

IODOFORM SUPPOSITORIES IN CHRONIC INFLAMMATION OF THE RECTUM.—Among the diseases which test most severely the resources of the practitioner and the confidence of his patient, few occupy more prominent position than chronic inflammation of the lower bowel.

The pain, discomfort and debility produced by the local disease would seem enough, yet added to these there is the danger of hepatic abscess. When the patient is a person of delicate nervous constitution, the difficulties of treatment are ten-fold increased. In the *Memphis Med. Monthly*, January, 1889, page 37, a useful suggestion is made in regard to the treatment of such cases. The writer, after remarking that in many cases the sensitiveness of the patient prevents dilatation of the anal sphincter, use of the speculum, as well as many forms of local application, gives cases in which he found benefit from the application of iodoform suppositories. A patient, aged 17, had suffered from severe and protracted dysentery, and her prejudices against what her doctor considered the proper treatment could not be overcome. The discharge from the rectum had for months contained pus and blood: the actions were frequent and the sphincter was much relaxed. Inflammation about the anus with distressing pain showed the existence of a fissure. No examination was allowed. The doctor at last ordered suppositories of five



grains of iodoform in cocoa butter; at first, after each passage, as they were not long retained; and later, morning, noon and night. The patient felt better after the first suppository and gradually returned to health. He has treated three other similar cases with like success. No medicine was given by the mouth in either case while the suppositories were being used.

### Miscellany.

JOHNS HOPKINS HOSPITAL, BALTIMORE.

—(Entrance on Broadway, between Monument and Jefferson Streets.) *Arrangements for the opening, May, 1889.*

—The Johns Hopkins Hospital will be opened to the inspection of the public, before the reception of patients, during the week beginning May 6, 1889.

On Tuesday, May 7, at eleven o'clock in the morning, there will be appropriate addresses in the main administration building. Invitations to be present will be sent to the authorities of the city and state, to those who have rendered special services in promoting the plans of the hospital, to professors of medicine and surgery, to the chief managers of other hospitals, and to the representatives of the press.

On Wednesday, May 8, between the hours of 12 and 6 o'clock, the buildings will be open to the medical profession of Baltimore, Washington and the State of Maryland, to medical students, to the managers of the benevolent institutions of Baltimore, to the ministers of all religious denominations, and to other persons whose pursuits have led them to take a special interest in hospital work. Cards of admission will be distributed in advance.

On Thursday, May 9, and Friday, May 10, between the hours of 12 and 6 o'clock, the public generally will be invited to visit the Hospital. Cards of admission may be obtained, *on the days named*, at the entrance-gate of the Hospital, Broadway.

On Saturday, May 11, the faculties of the various institutions in Baltimore, the teachers in public and private schools

of every kind, the students of the Johns Hopkins University, the Baltimore City College, the State Normal School, the Woman's College of Baltimore, and the Eastern and Western Female High Schools, will be admitted between the hours of ten and six o'clock, upon the presentation of tickets which will be distributed in advance.

The Dispensary will be opened for the treatment of outdoor patients, Monday, May 13, at 10 o'clock.

The Hospital will be opened soon afterwards for the treatment of patients sent to it by the head of the Dispensary.

Persons who wish to receive treatment in the Hospital at their own charge in whole or in part, may apply, by note or through their medical adviser, to the Director or to the Chief Physician, after May 1, 1889.

THE EDUCATION OF GIRLS AND OVER PRESSURE.—The many sided theme of education is continually presenting new or altered features, interesting no less to the social reformer than to the teacher. The very nature of the work, indeed, is such that it must part with that enterprise in thought and endeavor which is the motive power, in order to give any assurance of safety which would deprive the former of his occupation. The more vigorous its activity, the greater need of his watchful care, lest over-zeal should work injury to the latter. Of no time was this ever more true than of the present. In all directions we may easily see the need of a controlling influence, a counter-zeal for temperance, which, though it must not be of that negative kind which dreads all strenuous effort as though every brain were feeble, must, at the same time, insist that the pressure of work shall not be uniform, but shall take due account of the varying aptitudes and powers of individuals. Good service was done for the cause of moderation by Mr. James Oliphant, of Edinburgh, in the course of a recent lecture on the education of girls. After condemning a too prevalent impression that the training of boys and girls should be governed by the same rules, he proceeded to discuss the general tendency to over-strain

in education, its effects, and its proper treatment. Physical deterioration, he said, could be best prevented by a suitable distribution of studies during the day, and by allowing hourly short interludes of muscular exercise. Mental and general nervous over-strain was treated of at greater length and in the same judicious manner. There was, he remarked, in our modern plan of study, too much reiteration and too little thought, a consequent sense of drudgery and a lack of the interest which comes of using the reasoning power. Home-lesson work had become somewhat a tyranny, and might with advantage be lightened and rendered more interesting. There was some force also in the observation that possession of special aptitudes did not justify the preference often given to these in cultivation, and at the expense of less developed faculties. The overgrowth of the competitive system was another topic which received a well-merited censure. It is to be hoped that these timely remarks as coming from a teacher of experience, and addressed to parents, will not fail of their due effect in forming an opinion on an important subject in the northern centre of education. We would wish for them a much wider influence, and we trust that the delusive attraction of immediate results will not much longer induce teachers or teaching bodies to countenance the present system of cram. Injurious alike in the case of male and female pupils, it must and does tell with especial force on the more sensitive nervous systems of the latter, and the fact implies a caution which parental responsibility cannot afford to overlook.—*Lancet*.

**BARIUM CHLORIDE AS A CARDIAC STIMULANT.**—The fact that Ringer, of London, and his compatriot, Brunton, as well as Kobert, of Dorpat, and Bary, have found barium chloride to act in much the same manner as digitalis upon the heart of the frog and higher animal, suggests its use in human medicine.

The experiments named found that it can arrest the heart of the frog in systole by overstimulation of the cardiac contractility, and, that in a smaller dose,

it markedly slows the heart and increases the force of its contractions, producing in this way a rise of blood-pressure. They also found that the slowing of the pulse depends not upon any influence exerted on the vagus nerve, but upon the heart itself.

Kobert asserts that one cause of the increased blood pressure is stimulation of the peripheral blood-vessel walls.

Barium has generally been looked upon not only as medicinally useless, but also from two other and absolutely opposed points of view. In many of the works on chemistry it is called an "irritant poison," and yet most of us have regarded it, we think, as a very innocuous substance.

Stepping forward as it has done from the experimental laboratory to be tried chemically, it is surprising that its use has not been more general. The only trials that we are aware of in this country having been made by Da Costa, some time since, and still more recently others have been recorded in the *Medical News* of this city.

If given in the form of one per cent. solution, in the dose of a drachm, 3 times a day, marked benefit follows its ingestion. So far no gastro-intestinal complications have been reported from its use, and it does not seem to irritate the kidneys.

The solution is almost tasteless, is cheap, and certainly has no tendency to disorder the stomach, as does digitalis. Barium also possesses some advantages in that it does not stimulate the vagal nerves, while digitalis seems, in some instances, to produce inhibitory stimulation rather than to increase the power of the heart muscle. The pulse-wave produced by it is large, full and prolonged, and lacks the hard, angry feeling of the full action of digitalis. Kobert asserts that it may be given in sudden cardiac failure by hypodermic injection, but this would appear to be a theoretical rather than a practical suggestion, as it has yet not received sufficient trial to warrant recommendation for general use. The results reached so far are certainly favorable enough to make wider trials of great interest and value.—*University Medical Magazine*.



**THE PULSE IN CHILDHOOD.**—The pulse and its variations in health and disease have been the subject of such elaborate investigation and study, that it is noteworthy that its special characteristics in childhood have not received more attention, and that the extant literature is somewhat meagre. The ever-widening importance of all matters which pertain to an increase of our knowledge of pediatrics renders it desirable that each field of this branch of medical science shall be carefully cultivated, and paramount importance attaches to careful study of the cardiac and vascular system.

Drs. John M. Keating and William A. Edwards (*Archives of Pediatrics*, December, 1888), give some interesting results of clinical studies on the pulse in childhood, and present at the same time a careful consideration of the literature. The pulse immediately after birth decreases in frequency from the number of beats maintained during foetal life; *i. e.*, between 124 to 150 or more. Their observations, in the main, agree with those of Smith and Jacobi, that within the first hour after birth the average beat is 136 per minute. The two most marked characteristics of the pulse in early childhood are its irregularities and the absence of diastole. The important fact that the strength of the pulse in childhood is not constant till about the age of fourteen, is dwelt upon. Very trivial circumstances in young childhood often result in what in older patients would be an alarmingly rapid rate of the heart's beat.

In diseases, alterations in rhythm are particularly common from overstraining of the heart due to continuous exertion, and follow especially a neurasthenic condition, and the abuse of tea, coffee, and allied substances. A very common cause of palpitation, especially among young boys, arises from sexual abuse, while persistent frequency is associated with various forms of anæmia. The so-called bigeminal pulse, *i. e.*, one in which the heart-beats and pulse-waves are in couples, a strong beat being followed by a weak one, does not, according to these authors, occur in childhood. The intermittent pulse, which is frequently seen

in later life, is not usual in childhood, because one of its chief seats of origin—fatty degeneration of the heart—is not a disease of early life. During convalescence from fevers, however, this irregularity may be seen.—*University Medical Magazine*.

**IS THE MEDICAL PROFESSION OVER-CROWDED?**—That there are already as many physicians as are needed seems to be the opinion of the laity, if we may judge from the remarks which are made at each recurring commencement of our medical colleges, when from fifty to two hundred graduates are sent forth to practise the healing art. It would be difficult to ascertain the opinion of the entire profession on this question. A writer in the *Hospital Gazette*, at the opening of the winter session of the London medical school, said: "I should be only too pleased on the present occasion to congratulate the hundreds of new students who will read these notes to-day on having chosen medicine as a profession could I honestly do so, but I regret to say that I cannot. Only a few years ago to possess a medical qualification was to command respect, position and most probably wealth. In a few years all has changed. The profession is frightfully over-crowded, and it would not be exaggeration were I to say that there are hundreds of well qualified and able doctors almost reduced to beggary. Twelve or fourteen years ago six-penny dispensaries were known only to the lowest costermonger districts of the metropolis. Now they swarm all over London, and seem to thrive well even in the most aristocratic parts of the West End. Consequently, doctors who conduct their practices on the old lines find their incomes falling off, and many are in dire straits." The fact probably is that in some communities there are more physicians than are needed, and in others not enough, and nowhere, we venture to say, is there to be found any community which is overstocked with competent, skillful and educated physicians.—*Brooklyn Medical Journal*.

OVERCOATS.—The custom in this country is so prevalent of wearing heavy overcoats, whether one is outdoors or seated in overheated cars, that the remarks of the *London Lancet* on this useful garment will probably find interested readers. The teaching of modern science and of ancient custom goes to show that heat-production within the body has much to do with tissue changes concerned in muscular activity and with healthy digestion. It is conserved by warm and moderate, wasted in evaporation by excessive, clothing. Finally, by a simple nervous re-action, it is increased after the contact of external cold.

It follows from these observations, that, if we be so clad with comfortable underclothing that surface perspiration is not formed in excess, and is rapidly removed, one great cause of chill—sudden evaporation—is done with. Outer cold, then, provided it is not too severe, only touches, as it were, the spring of the heat-making metabolism, and, exciting an elastic rebound in the chain of vaso-motor fibres, awakens that oxidative action by which every tissue is made to yield its share of heat to the body. This bracing influence is lost wholly or partly to those who are too heavily clothed, and in its place we may have a dangerous excess of surface heat. It is for this reason that the *Lancet* has before protested, as it now does, against the indiscriminate use of the thick and heavy overcoats; and it thinks that men in fairly robust condition, especially if young, should be clad warmly next the skin, and wear either a light top coat or none at all.

There can be no doubt that the habitual use of great coats is indirectly accountable for the chills which they are intended to prevent. Were the overcoat worn continuously, it might attain its object. Its intermittent use, even when ample underclothing is worn, affords no solid guaranty of safety, but rather the reverse. The man of sedentary habits has especial need to remember this. He emerges daily from a warm breakfast-room clothed in his ordinary winter garments, with probably woolen underwear, and over all the heavy ulster or top coat.

After a short walk he finds that the sense of warmth he began with is more than maintained. He arrives at his office or place of business, off goes the overcoat, though the air of the newly opened room is as cold as that without, and draughty in addition. During the day perhaps he travels to and from adjacent business-houses, wearing only his house clothing. The overcoat is laid aside till closing time reminds him of the journey home. The frequent result is, that somehow, between the hours of his departure and return, he is chilled. No doubt he would run as great a risk if, lightly clad, he were to face the rigor of a winter day. In this case, however, exercise and habit might do much to develop the power of endurance, and there would, at all events, be less danger of sudden cold acting upon a freely perspiring surface. Woolen underclothing represents a state of healthy comfort intermediate between these extremes, and more resistant to chill than either.

In commending its use, however, the *Lancet* does not assert that the influence of age and constitution is to be overlooked. Youth can oppose a power of resistance to depressing agencies which does not reside in the worn-out nerve-centres of a riper age. Similarly, that elastic re-action which characterizes the nervous and sanguine types is not to be looked for in the lax tissues of the lymphatic. The weaker physique naturally calls for fuller protection than the stronger; and any rule requiring the disuse of the overcoat should allow of reasonable exceptions in favor of the old and constitutionally feeble. Unusual severity of weather, especially if associated with night air and the loss of sleep which this implies, is another condition which might well constitute an exception. In such a case we are compelled to add some form of overcoat to the ordinary amount of clothing. Some parts of the body—for example, the chest, throat, and feet—are certainly more susceptible to cold than others. As a useful safeguard, cold or tepid bathing of such parts is in merited favor. The custom so common with many persons, especially women, of walking out in thin-



soled boots, often plays an important part in catching cold. The progress of time and of rational thought may be expected to bring in a more comfortable arrangement by clothing the foot in woolen hosiery and a stouter boot.—*Science*.

**ART AS A MEANS OF MENTAL TRAINING.**—We are reminded by the report of the Art for Schools Association that efforts are being made in various ways to improve the sense of sight and to cultivate an appreciation of beauty among the children daily assembled in our schools. Such work for children cannot be begun too young, first by training to a correct perception and naming of colors, later by the presentation of varied forms, and for this purpose it may be doubted whether any better method of moderate cost can be employed than casts of antique statuary, which present to the eye such beautiful lines and curves, and train the faculty for appreciating the best among human physiognomies. Good busts are sometimes seen even in primary schools, the gift of those who love art not only for its own sake, but also as a means of mental culture. School-rooms often present bare walls, too often they are dismal; a schoolroom should be not only clean, warm, well-ventilated, and light, but decorated, if possible by boldly-drawn cartoons upon the walls. There is a mental effect produced by well-proportioned forms and well toned colors such as cannot be given by books. Imagination and half-unconscious mental action may be stimulated and rendered harmonious with Nature and some of the better things in the world by the sight of beautiful objects; and the sight of coarseness and vulgarity may thus be rendered distasteful. Ugly wall-papers in a sleeping apartment or some beggarly person seen by a child when going to school may be followed by dreams of ugliness or something worse; the sight of a beautiful face or a pleasant picture will often lead to the expression of feeling in a young child. Mr. Ruskin who is President of the Art for Schools Association, has given in one of his works sketches of beautiful landscapes, and

side by side a single curved line representing the land outline; some of these curves, and others which the same author presents, show that the feeling of appreciation of the beautiful may be induced by the simplest lines even without color. The eyes, following in their curves these well constructed lines, convey to the brain sensations which naturally tend to cultivate good taste, as surely as do the well-selected phrases and sentences of a good writer in the printed page. It may be hoped that the presence of good objects of art, pictorial and in relief will soon be more familiar objects in schools—*British Med. Journal*.

**POISONING BY COAL STOVES.**—Some alarm has lately been caused by the occurrence of several fatal accidents due to the use of coal or charcoal burning stoves. Our last issue contained a note by our Paris correspondent quoting the observations of Dr. Lancereaux, to the effect that stoves of this kind, as now constructed and commonly used in Parisian bedrooms, were a frequent source of injury, not only by acute poisoning, but by chronic impairment of health. According to this authority, even fairly efficient ventilation of rooms does not guarantee immunity from the insidious and destructive blood-changes thus occasioned, and the mischievous influence is apt to spread, by way of leaking chimneys, etc., from one apartment to another. In a similar way the use of cab-warmers filled with lighted charcoal dust, to which we referred some weeks ago, has on several occasions led to fatal consequences. Nor are accidents of a like nature unknown in this country. Last Saturday at a village in Wales, four persons were found in the sleeping-room of a small cottage overcome by the fumes from a coal stove. In the case of two all efforts at resuscitation failed. In this instance the poisoning of the atmosphere was attributed to the fact that a high wind prevented the escape of smoke from the stove chimney. Practically identical circumstances appear to have determined the result in other recorded cases. This kind of stove is very commonly deficient in draught. Hence it

appears that combustion is slow; the oxides of carbon do not easily escape by the usual outlet, and they consequently find an exit at any other convenient point. We are not aware that the ordinary gas stove is equally liable to this objection. Thanks to the heat evolved, its up draught is fairly strong. The facts above stated must, however, convey a caution with regard to stoves in general, and those which burn coal or coke in particular. These latter possess the advantages of economy, but their safe use is only compatible with good heat, a sound and clean chimney, and a free draught, aided if possible by a revolving chimney-top. It should be remembered also that the combustion of ordinary coal, if more costly, is also safer in respect of its gaseous products than that of coke or charcoal.—*Lancet*.

**MODIFIED FORMULA FOR BROWN MIXTURE.**—It has always seemed strange that, in this "Age of Elegant Pharmacy," no special attention has been paid to the improvement of such a valuable preparation as the *mistura glycyrrhizæ composita*. The last pharmacopœia made a step in that direction, by the substitution of the purified extract of glycyrrhiza, but still the sediment in part remains. After several experiments I beg leave to suggest to the committee on the revision of pharmacopœia, the following formula. The finished preparation, a sample of which I send, is elegant in appearance, palatable in taste, contains no sediment, and is made of the ingredients in the proportion according to the pharmacopœia:

Purified ex. of glycyrrhiza.	$\frac{1}{2}$ oz. avoird.
Sugar (loaf).	$\frac{1}{2}$ " "
Gum arabic, selected	$\frac{1}{2}$ " "
Camphorated tinct. opium.	2 fl. oz.
Wine of antimony	$\frac{1}{2}$ " "
Spirits of nitrous ether	$\frac{1}{2}$ " "
Ammonia water	1 fl. dr.
Water	12 fl. oz.

The mixture of glycyrrhiza, sugar and gum arabic is tied up in a bag. Having mixed the ingredients, with the excep-

tion of the ammonia water, I place them in a wide-mouth bottle and suspend the bag in the liquids. In two days the liquid will dissolve the solids and then I add the ammonia and make the whole measure one pint by the addition of water. All the physicians, to whom I have shown the preparation, are very much pleased; and recommend it as superior to any "Brown Mixture" they have seen.—J. H. Buckingham, Ph. G., in *Journal of Pharmacy*.—*Cincinnati Lancet-Clinic*.

**THE SIGNIFICANCE OF PEPTONURIA DURING PREGNANCY.**—The presence of peptone in the urine of pregnant women may be taken, according to Dr. Koettnitz, to indicate the death of the fœtus. This conclusion he bases on the observation of three cases in which the occurrence of peptonuria was followed by the expulsion of dead products of conception (*Allgemeine Medicinische Central-Zeitung*).

It is well known that peptone appears in the urine in conditions accompanied by the disintegration and absorption of albuminoid bodies, notably the leucocytes. Similar conditions are present in the case of the death of the fœtus in utero. It is to be remembered that the liquor annii is itself an albuminous fluid, and the fœtus, is, of course, largely composed of albuminoid bodies. The amniotic fluid tends to macerate and decompose the dead fœtus, the placenta also dies off, and hence we have the absorption of bodies that lead at once to the appearance of peptone in the urine.

In the normal puerperal state peptonuria is never observed. The author also failed to discover this symptom in the case of a pregnant woman affected with chronic nephritis.

It is to be hoped that others will be able to confirm the significance of peptonuria in pregnancy, for this would then give us a valuable diagnostic sign that is at present often wanting, especially where the death of the fœtus takes place in the earlier stages of pregnancy.—*Medical Record*.



## Medical Items.

Professor Billroth will celebrate his 60th birthday on April 23rd.

The International Congress of Therapeutics will be held at Paris on August 1st, 1889.

The first German Congress of Dermatology will be held at Prague next June.

A fire destroyed a large part of the military hospital at Madrid, Spain.

A Society of Forensic Medicine has just been formed in Belgium.

Dr. David Ferrier has been appointed Professor of Neuropathology in Kings College.

M. Auchois has just left about one million francs (\$200,000) to the French Hospital at London.

The Eighteenth Congress of the German Society of Surgery will be held at Berlin, April 23-26, 1889.

Mr. John H. Converse, of Philadelphia, has given, \$60,000 to the Presbyterian Hospital of that city.

Police Surgeon Andrews, of Philadelphia, has suggested that a surgeon be appointed to attend fires, so that surgical aid may be on the spot in case of accident.

An asylum for idiots has recently been opened at Chiavara (Liguria). This institution is the first of the kind established in Italy.

M. Trélat has suggested the name of hysteropexy as preferable to hysterorrhaphy for the new operation now prominently considered by gynecologists.

It has been said that more money has been spent by the United States Government in the investigation of the diseases which affect swine than of those which affect the human species,

In a suit recently in Boston to recover damages for the extraction of a sound instead of a decayed tooth, the plaintiff has been awarded \$150.

Dr. Frank West, Assistant Surgeon to the Fifth Maryland National Guards, has sailed for the Bahamas.

The Baltimore Medical College held its commencement at the Lyceum Theater last Monday night. Twenty-one received their diplomas.

The death of Dr. Bowie W. Tyler of Washington, D. C., is announced. He was a man much admired and respected by the whole community in which he lived.

Some ingenious orthographer has discovered sixty-two ways of spelling "pterygium" none of which are correct, and thirty-one of these he claims to have found in recent articles.

At the Charleston Medical College of South Carolina a memorial cup has been presented to Professor John Guitéras, on behalf of the students of the college, on the occasion of Dr. Guitéras leaving Charleston to assume his new duties as professor in the Medical College of Pennsylvania.

A wealthy sugar manufacturer of Odessa, who died recently of typhoid fever, not being content with the five Odessa practitioners who were in attendance, sent first to Kief, for Professor Trichel, and finally, a few days before he died, to Vienna, for Professor Nothnagel, for whom a special train was ordered. It is stated that the fee given to the eminent Austrian professor was £1,500.

The authorities of the Canton of Vaud, Switzerland, have decided upon the establishment of a university at Lausanne. A great impetus has been given to the work by a gift of \$600,000 from a wealthy gentleman, M. Rumaize, with the specification that it be devoted to the advancement of higher education in the canton. The personnel of the medical faculty is said to be excellent, and clinical material is abundant, owing to the fact that a preparatory medical school, annexed to the faculty of sciences, has been in existence in Lausanne for over four years.

The American Association for the Study and Cure of Inebriety has appointed a committee on "Nostrums, Proprietary Medicines, and New Remedies." Dr. N. Roe Bradner, 514 So. Third St. Philadelphia. Pa., is chair of the committee, and will be glad to hear from any one who has knowledge of nostrums containing opium, alcohol or other poison, or of the evil resulting from their sale. This Association, of which Dr. Joseph Parrish, of Burlington, N. J., is now President, was organized November 30th, 1870, the late Willard Parker being the first President and the first paper, on the "Pathological Influence of Alcohol," was contributed by N. S. Davis, M. D. of Chicago.

The present hospital accommodations of the Philadelphia Polyclinic, at Broad and Lombard Streets, having proved inadequate to the demands for admission, the trustees have secured a large lot, 96 by 143 feet, on Lombard Street, above Eighteenth Street, four squares from the present location, and during the spring will erect a commodious building with ample room for the various clinics and a convenient amphitheatre for lectures and demonstrations, in addition to enlarged hospital wards. As the foundations and part of the walls of the structure now situated on the land can be made use of, the new building is expected to be ready for occupation in September or October, when several additional departments of instruction will be established. We understand that the Polyclinic was never in such a flourishing condition as now.

Original Articles

ERYSIPELAS AND PUERPERAL FEVER.\*

BY ROBERT T. WILSON, M. D.,  
OF BALTIMORE.

Gynaecologist to the Union Protestant Infirmary,  
Assistant Surgeon to the Hospital for the  
Women of Maryland.

The more the study of infectious diseases rules the medicine of the present time, the more our interest is directed toward the relation which the individual diseases bear to each other. Among the infectious diseases which, according to the old ideas, are said to stand in a changeable relation to each other, are, erysipelas and puerperal fever. The endeavor has been made to prove clinically the identity of both diseases by pointing to the fact that they appear simultaneously, and still further by showing that puerperal fever is said to be engendered from erysipelas, and *vice versa* in the case of lying-in-women. The views of the identity of both forms of disease are especially furthered by the opinions of Virchow, that, anatomically considered, the course of certain forms of puerperal infectious diseases, especially in the cellular tissue of the pelvis, resembled, or indeed is the same, as in erysipelas. There are statements enough in existence which must make us cautious in our practice, but which are always being opposed by a number of observers, and these, though widely differing, assist in proving that there is a connection between erysipelas and septic infection. This subject, which has been treated in a variety of ways, has made great progress in recent years through the fact that Volkmann (Pitha—Billroth's Chirurgie, Erysipelas) lays stress upon the point, that erysipelas as a disease, *sui generis*, must be separated just here in the puerperium from the phlegmonous conditions,—a view which has already been expressed by others (Hirsch). Hugenberger, from his experience, has en-

deavored to show, that erysipelas in the puerperium only appeared as a dangerous complication and had nothing to do with puerperal fever. We find cases on record in which erysipelas appeared to an alarming extent in cases of lying-in-women as well as in other patients—so-called *noso-comial* erysipelas; and further, that septicæmic conditions and pyæmia have been engendered from lying-in-women with erysipelas, and *vice versa*, from such lying-in-women erysipelas has occurred with other sick persons or with well persons—physicians, nurses, etc.

After the appearance of Hugenberger's communications, A. Gusserow, in the Spring of 1879, had under his care a large number of erysipelas cases with lying-in-women, while at the same time many cases of puerperal fever appeared in the obstetrical ward of the Charité Hospital. From the course of the cases of *noso-comial* erysipelas (says Gusserow), if we are willing thus to designate the coincidence of nine cases of genuine erysipelas, he (Gusserow) was thoroughly convinced that there existed no connection between puerperal sepsis and erysipelas. The discovery of Fehleisen has made an epoch in the study of erysipelas and it involuntarily recalls to our recollection (says Gusserow) the question how far erysipelas stands in connection with septic infection in the puerperium. Since through the erysipelas coccus (says Gusserow), the specific principle of erysipelas, the peculiarity of the disease has been so beautifully proven, it seems to me (says Gusserow) that now is the time to emphasize again from a clinical standpoint the individuality of erysipelas in the puerperium, and to endeavor to prove that this disease has nothing in common with puerperal sepsis (Archiv. f. Gynäk, vol. 24, part 2). Medical literature contains a sufficient number of cases with observations on the course of erysipelas in pregnant women to substantiate this view.

If erysipelas could be easily produced from a lying-in-woman who has puerperal fever, the number of observations ought to be very large. But in the literature of this subject the cases on record

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are by no means large, and those which do exist<sup>2</sup> admit of the supposition that they are not genuine erysipelas but phlegmonous inflammation whose connection with sepsis is known *in those cases* (says Gusserow). Puerperal fever, puerperal septicæmia, may be endemic or epidemic. As the symptoms of the affection vary infinitely, so may the epidemics in their severity. Since the first epidemic at the Hotel-Dieu, recorded by Manriceau and Lamotte, 1664, hardly a year has passed without our being able to refer to an epidemic at one or another place in the different parts of the world. While all authorities agree in regard to the application of the term puerperal fever, the theories of its origin have been innumerable, and to-day there are questions concerning it which it remains for the future to decide. The earliest theory was based on the idea of retention of the lochia, with decomposition of remnants of placenta. This theory started with Hippocrates, and was defended by Galen, Avicenne (1000), Rhodion (1532), Mercatus (1570), Michaelis (1615), Sennert (1631), Sydenham (1682), Hüter (1711), Mauriceau (1712), Burton (1751), Smellie (1752), Tissot (1795), and many others. To this theory succeeded that of the metastasis of the milk, which was first promulgated by Mercurialis and Willis, in 1662, and was advocated, in particular, by Puzos (1743), Lieutaud (1750), Levret (1766), Van Swieten, Deleurye (1777), and others. Autenreith formulated his theory in the beginning of this century, which is only a combination of the preceding. His theory was accepted by Schmidtmüller, Carius, Joerg, etc. There arose the gastro-bilious theory of Trincavellius, which was advocated by Manning, Cooper, Denman, and others.

The fifth theory is the phlogistic; according to which inflammation is the cause of puerperal fever. According to the site of the inflammatory process, we may have three varieties: 1. A metritis, which may be associated with a phlebitis or a lymphangitis (Plater, 1602, Denman, Tissot, Naegelé, and others). 2. An enteritis and a peritonitis. 3. Peritonitis, pure, the view of Johnston, Hunter, Siebold, Capuron, Baudeloque, and

others. Then followed the erysipelatous theory, advocated in particular by Eisenmann, and accepted by Delaroche, Bayrholfer, Gordon, Ingleby, Lec, and numerous English and American authorities; this theory considers puerperal fever an an internal erysipelas.

Semmelweiss, in 1847 to 1861, promulgated the following theory: Puerperal fever must always be considered as a fever due to the absorption of a decomposed animal organic matter, and, this absorption may result from *auto-infection* (the product of decomposition coming from the individual itself), or from *hetero-infection* (the product of decomposition coming from without). Puerperal fever is not, therefore, a peculiar and exclusive disease of the puerpera. An identical affection, even as has been proved by Trousseau, Schée, Helm, Buhl, Simpson, Tarnier, may be met with in virgins, in the new-born, in wounded of either sex. The point of origin of the disease is found as well in the uterine wound, and in slight superficial wounds of the genital organs, as in lesions of the peri-uterine cellular tissue, or in the vagina. The primitive local disease becomes general through the carrying of the morbid process to the cellular tissue, thus gaining in extent, or else it is transported by the lymph of the blood to all the other organs; or else foreign bodies are carried by the circulation, deposited in different organs, and there become the source of the disease.

The causes of isolated cases, that is to say, of those developing aside from all epidemic influences are:

1. Lesions and wounds of the genital organs.
2. Retention followed by alteration of portions of the placenta or of the membranes.
3. Primitive inflammations of the vagina and of the uterus, such as those caused by gonorrhœa.
4. Finally, infection of wounds of the genital organs by cadaveric emanations, purulent or gangrenous secretions, etc.

Schroeder is a resolute advocate of the theory of Semmelweiss. Doléris says: To-day all authorities are in accord in considering puerperal fever as a species

of poisoning. The most resolute localists have renounced the view that the disease resides in the lesion itself. The recent investigations of Champignière, Siredey, Quinquaud, Fioupe, Despine, Bode, plead in favor of the absolute similarity of puerperal and of surgical infection. This is the doctrine held in France, and the one stated by Winckel (1878). It is the doctrine admitted *almost* uniformly throughout the world. In the United States, the belief of *almost* all accoucheurs is certainly in accord with the statements of Charpentier—puerperal fever is septicæmia, differing only from surgical septicæmia in that, super-added to infection, is the puerperal state. The most distinguished exception to this is Prof. Fordyce Barker; he still adheres to the views promulgated by him years ago, and it certainly tends to make every thoughtful man hesitate a trifle in propounding the absolute statement that puerperal fever is *always* simply puerperal septicæmia. In the memorable discussion before the New York Academy of Medicine, in 1884, when Thomas, with all his eloquence, plead for the entire identity of this fever with septicæmia, Barker protested (alone) against such a broad view, and stated that "his creed to-day is fully avowed in his book on the Puerperal Diseases, and unless in the future he learned new facts and new arguments to change his faith, he should die impenitent." In reference to Thomas' argument, he stated that its pathological doctrines were misleading and dangerous, because they were "supersaturated with septic infection." He (Barker) says that there does exist an epidemic disease differing in all characteristic points from what is known as septicæmia; differing in its origin, its modes of attack, its symptoms, its anatomical lesions. His conviction, therefore, is still that there is such a disease as puerperal fever *sui generis*. Lusk says, surgical fever and puerperal fever are not only analagous, but are essentially one and the same process. Of all who discussed Thomas' paper, only Mundé was inclined to agree in a measure with Barker. Mundé's views are best expressed in his recently published appendix to Cazeaux and Tarnier's Treatise on Obstetrics.

Gallabin holds that a puerperal fever, *sui generis*, may exist. According to Playfair there exists identity between puerperal septicæmia and surgical septicæmia, and there may be either *auto-infection* or *hetero-infection*.

Robert Barnes says, "that there are many points of analogy is undoubted; but there are also points of difference which forbid us to accept the doctrine of identity."

Atthill, Priestley, MacClintock, Macan, Johnston, admit that puerperal fever is only septicæmia, the result of ichoræmia.

Parvin, in his recent work on obstetrics says: "From what is known of so-called puerperal fever, it should not be regarded as a specific disease, and strictly speaking, there is no puerperal fever, that which is so denominated being a febrile affection caused by the entrance into the system of a poison from without, the nature of which we do not know, the entrance taking place through a wound of the uterus or of some part of the vulvo-vaginal canal."

Fortunately for the woman, our treatment of the disease is to-day more certain than our theory as to its origin, and if in the future a better explanation of the cause is offered than at present acceptable to the majority of accoucheurs, we do not hope for much change in the generally accepted treatment.

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## ABUSE OF ERGOT IN LABOR.\*

BY JOHN MORRIS, M. D., OF BALTIMORE.

On the evening of January 24th, I was called to see Mrs. C. B., a primipara, twenty-four years of age. The story related to me by the mid-wife in attendance was to the effect that she had been called at two o'clock the previous morning, and that the labor had progressed naturally until the head had reached the lower strait of the pelvis; that after that time there had been no progress, that she had given "drops" without avail. I examined the woman and found the statement of the mid-wife apparently correct. The head was low down, the parts were, (much to my surprise), moist and well dilated, but the pains, which were almost unremitting in character, were entirely useless as far as the expulsion of the fœtus was concerned. I at once applied the forceps and delivered the child. I gave no anæsthetic for I did not deem it necessary. There was no difficulty in the delivery. In the absence of expulsive pains I brought down the shoulders. The child at birth gave no evidence of life, but I commenced the usual manipulations to restore animation. There was no pulsation in the cord, still I hoped to save the child. During my efforts however, I, by chance, discovered that the scarf skin of the cheek had peeled off and also a spot of ecchymosis under the left ear. After this discovery I of course ceased to make any effort at resuscitation. I filled up a "Still-Birth" certificate in which I stated as the cause of death. "Perhaps the long continuance of labor." The next day, however, when I came to talk to the patient and her family I discovered to my great surprise that the nurse had commenced giving ergot at two o'clock in the morning immediately after her arrival at the house, and that she continued to give it hourly for fifteen hours. She gave in all about four ounces of the fluid extract. As soon as I received this history I hastened

to the Health Office to correct my certificate and filled up a new one which read; "Died from the continuous use of ergot for fifteen hours administered by a mid-wife." There is no doubt that the death of the child in this case was caused by the ergot, for both the father and mother assured me that its movements were vigorous up to the time of labor.

My object in relating this case is to call attention to the effects of ergot when given in large doses. My patient suffered from extreme, unconquerable thirst. She had great dryness of the mucous passages, particularly of the lips. The thirst was so excessive that no amount of liquids could assuage it. This lasted for twelve hours.

## MENORRHAGIA IN A VIRGIN.\*

BY WM. PAWSON CHUNN, M.D.,  
OF BALTIMORE.

The patient first menstruated at 14 years of age and was affected with menorrhagia and metrorrhagia for 7 years, which ordinary treatment did not control.

At 18 years was married in the hope that pregnancy might relieve her symptoms, but without avail, as she never became enceinte. Her physician then made a vaginal examination and diagnosed a retroverted uterus, and applied a pessary, which treatment was followed by 3 months amenorrhœa. After this menses came back free as ever and she was bleeding most of her time. Some 5½ years ago consulted an eminent gynecologist of this city, who dilated with sponge tents, curetted away granulations (?) and applied fuming nitric acid to the endometrium. Amenorrhœa then followed for six months, which was in turn followed by normal menstrual periods. The hemorrhage however, again becoming troublesome, she was again treated by the same operator, and the cervix being dilated with tupelo tents, fuming nitric acid was applied, and four months amenorrhœa followed. The menstrual period then came regularly and

\*Read before the Gynæcological and Obstetrical Society, February 12th, 1889.

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normally for a year and a-half or two years.

Two years ago patient received a fall and the old trouble returned, but upon the application of a pessary (which been removed) the symptoms ceased. No menstrual flow for three months, and she was supposed to be pregnant. About 18 months ago saw a prominent gynecologist at this city for return of old symptoms, but the cervix was so sealed up from the use of nitric acid that nothing could be passed into the uterine cavity. The patient was then brought to me, and it was then found that the uterine cavity was obliterated. Chloroform being administered, the cervix was forcibly dilated, the uterus replaced and held by a pessary. Amenorrhœa lasted then two months, but patient was perfectly well. After some three or four weeks the uterine cavity was found to be sealed up again. I again dilated with Sim's dilator up to the full extent of the instrument and held it in position fifteen minutes. On the day succeeding the operation a stem pessary was introduced and has remained in ever since. The patient is well so far as I know. The points of interest were of importance. First, in view of the results I have seen from caustics, it would seem highly improper to use them as was done in the case just related. The amenorrhœa in which so persistently followed the different operations was probably caused by the previous excessive flow, but is usually not so complete as here described. In spite of the fact the finest sound could not be introduced into the uterus, menstruation was performed with comparative ease, but through such a contracted canal pregnancy would be impossible.

NIGHT SWEATS. — Few practitioners appreciate the exceedingly great value of agaricin as a remedy in night sweats, especially those of phthisis. The most profuse sweat is checked almost like magic, with a single dose. It operates by diminishing thirst and increasing the secretion of urine. The dose may be pushed to the extent of one grain in the course of twenty-four hours. The single dose for an adult is from one-eighth to one-fourth of a grain. — *Technics.*

## A RARE COMPLICATION OF LABOR, SIMULATING RUPTURE OF THE UTERUS.\*

BY JOHN WHITRIDGE WILLIAMS, M. D.,  
OF BALTIMORE.

The following case, which I was fortunate enough to see in the wards of Carl Braun, of Vienna, about the first of November, is, on account of its rarity, certainly worthy of mention.

A. B., pregnant with her 11th child, entered the hospital after having been in labor for 48 hours.

When I saw her 4 hours later, she was in a state of collapse, with no labor pains.

On external examination, the abdomen in the umbilical region was of a yellow hue; and the lower portion of the abdominal cavity and the pelvis was filled with liquid, in which the uterus could be freely ballotted *en masse*. The foetus was dead and presented by the vertex.

Naturally from the condition present, Dr. Braun diagnosed either a rupture of the uterus or a rupture of the vessels of the broad ligament.

Owing to almost complete inertia uteri and a small pelvis, craniotomy was performed and the child extracted with the cranioclast. The placenta was then manually removed, but after a most careful examination of the interior of the uterus, no trace of a rupture could be found.

So the diagnosis of ruptured broad ligament was made and at the time appeared correct.

No exploratory incision was made and death followed in 14 hours.

The autopsy revealed the pelvis filled with a large quantity of bile, which had proceeded from a rupture at the junction of the common bile duct with the hepatic duct, and had set up a general peritonitis, which caused death. The uterine walls showed no signs of rupture, save at the point where the uterine peritonitis presented a short linear rent,

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which, however, did not extend into the muscular layer.

No pre-existing inflammation or other cause for the rupture of the bile ducts could be found.

This case I reported on account of its great rarity, for as far as I can learn it appears unique, and Dr. Braun states that in all his experience he has never seen or heard of a similar case. Probably none of us will be required to make a differential diagnosis between an acute hematocele and a similar case. But, whenever we meet with an apparent case of uterine rupture and find none, it would be well to remember that the bile duct has been ruptured during labor with the production of similar symptoms, and that in the case on record the lower part of the abdomen was stained of a yellowish color, while the rest of the surface was of its normal appearance.

## ANTISEPTICS IN EYE SURGERY.\*

BY HERBERT HARLAN, A. M., M. D.

Demonstrator of Anatomy at the University of Maryland, Surgeon to the Presbyterian Eye and Ear Charity Hospital.

One of the greatest advances in medicine made in modern times is without doubt the general acceptance of the germ theory of disease and probably the greatest advance in surgery is the practical application of the theory by the introduction of the use of antiseptics by Sir Joseph Lister.

Ophthalmic surgeons were somewhat slow to accept and practise antiseptic methods in operating and there is good reason for this. Compare the different conditions under which, for example, a general surgeon performs an amputation and an oculist extracts an opaque lens. In the first case the wound is exposed to contamination from many sources, from the surrounding air, from the touch of clothing, fingers, sponges and instruments, this both during the operation and after-treatment, and before the days

of antiseptics it was the rare exception for such wounds to heal, in hospitals at least, without exhaustive suppuration and more or less serious constitutional symptoms. Now the rule is just the reverse and suppuration the exception. In cataract extraction on the other hand the conditions are very different and much more favorable.

The eye-ball to start with is clean. It is constantly being washed by an aseptic fluid. In the progress of the operation the wound is touched only by two or three delicate instruments, instruments so delicate as to require their being kept in good order and consequently clean. The operation complete, the eye-lids are closed, all extrinsic matters are shut out. The wound is kept clean by the constant and gentle flow of the tears and without special antiseptic precaution, in some 95 to 97 per cent. heals promptly and without suppuration.

There is no necessity for elaborate antiseptic procedure attending operations on the eye, but antiseptics have been and are the fashion. Oculists are human and they have caught the craze, and keep abreast of the times by all manner of disinfection of operator, assistants, patient, instruments and surroundings. Fortunately all this usually does no harm and it insures cleanliness, where cleanliness is all important.

The cases where the method is particularly harmful is when the antiseptic used is of such nature as to cause injurious irritation to the delicate eye structure.

In using antiseptics in operations on the eye, as elsewhere, the vicinity of the wound is to be freed from noxious germs and precautions are to be taken that there be no contamination at the time of operation. The usual method is to wash thoroughly the hands of the operator and assistant as well as the vicinity of the eye-lid of the patient. Then some antiseptic solution is applied. The substances most in use for this purpose are corrosive sublimate, boric acid, bin-iodide of mercury and by a few operators sodium silico-fluoride.

Of these probably the most efficacious is the corrosive sublimate solution, but if used of sufficient strength to be a really

\*Read before the Clinical Society of Maryland, March 1, 1889.

effective germicide, it is irritating to the conjunctival mucous membranes. Then again it is ruinous to delicate steel instruments. The bin-iodide has the same objections and in addition its insolubility renders the strength of the solution used very uncertain. Solutions of pure boric acid do not irritate the eye and are said not to be injurious to instruments.

Sodium silico-fluoride has been used satisfactorily by the surgeons at Well's Eye Hospital Philadelphia, and the same qualities are claimed for it,

For the reason that I believe the eye is usually aseptic and eye instruments fairly clean, I prefer as the method which will do the greatest good and the least harm to the greatest number of patients, to have all instruments washed immediately before and after use in water as hot as can be obtained, and before operating to see that the contents of the lachrymal sac are squeezed out and then the eye soaked thoroughly with a saturated solution of boracic acid.

The habit of some surgeons of washing out the anterior chamber with antiseptic solution after cataract extraction, I consider bad surgery, from a purely antiseptic standpoint.

If there are septic germs then within the eye-ball, they have been introduced there by the surgeon. As a facile method of getting out detritus of a broken down lens, the washing of the anterior chamber is a rational procedure and is to be commended.

But the field where antiseptic remedies prove of greatest use to the ophthalmologist is in the treatment of diseases of known septic origin. For example, it is estimated that half of the blind people in the world to-day, owe their blindness to the purulent ophthalmia of infancy, ophthalmia neonatorum purulenta. This disease having its origin from direct contagion at the time of birth, begins usually after two days of incubation, by a purulent discharge on the third day. No class of cases is more fatal to sight if neglected, and none are more amenable to prompt and efficient treatment. It is not too much to say that they are all curable if properly treated, and the treatment is simple. Frequent

cleansing, every half hour if necessary, and the application of some of the well-known germicides, as bi-chloride and bin-iodide of mercury 1-3000 or 4000, nitrate of silver 10 grains to the ounce once daily, or better, finely powdered iodoform dusted into the eye after the cleansing three times daily.

The danger of this disease is so well recognized that a number of the largest lying-in hospitals of Europe make it a rule to wash out several times with some efficient germicide solution, the eyes of every child born in their wards. In this way the development of this fatal disease is easily prevented. The rule is a good one, and if it were universally adopted the percentage of blind people would be greatly diminished.

We must bear in mind, however, that all discharges from the eyes of young children are not purulent ophthalmia and we see all varieties in intensity from these cases having only a scant mucopurulent discharge to that most virulent specific form having its origin in the germs of the true gonorrhœal poison. The former cases are as benign as the latter are malignant, and we all know that he who cures a case of true gonorrhœal ophthalmia must act promptly and with energy.

In the MARYLAND MEDICAL JOURNAL for November 8th, 1882, I reported a number of cases of purulent ophthalmia successfully treated with iodoform. Shortly after that I had the following case under my care which is a good illustration of the very prompt action of this germicide when it can be thoroughly applied. A. B. male, æt 26, came for treatment December 7th, 1882. He had lost his right eye by accident some years previously and had been wearing an artificial eye on this side. When seen the lids on this side were greatly swollen and there was a profuse discharge of thick pus from the socket.

The microscope showed this pus to contain gonococci. The patient had a clap at the time and had as is usual been in the habit of removing the glass eye with his fingers each night before going to bed. It is easy to understand how the mucous membrane of the socket was inoculated. Here was a perfectly clear



case of gonorrhœal ophthalmia, and a better opportunity to experiment would be hard to find. A limited mucous membrane, easily exposed in every part and no dangers to fear of a sloughing cornea if treatment did not turn out well. I cleaned the socket thoroughly with absorbent cotton and filled it with powdered iodoform. The following day the discharge had ceased and on the third day or just forty-eight hours after beginning treatment he was so well as to ask permission to put in his glass eye and return to work. I have never seen a case of genuine purulent ophthalmia so promptly cured. But to pass to another class of cases viz: ulcerations of the cornea. Here again of course we have all varieties in intensity from a simple phlycten affecting only the epithelial layer and promptly recovering with simple treatment, or even without treatment, to those very grave cases involving great loss of corneal tissues and not infrequently perforation and loss of vision. It is in these latter cases that we appreciate most fully the great value of antiseptic eye surgery. I have seen an eye in which there was only light perception, in which the pain and photophobia were intense where an ulcer extended over a fourth of the cornea and where the greater part of the other three-fourths was infiltrated with pus between the corneal layers. I have seen such eyes where prognosis was most unfavorable heal with wonderful rapidity under irrigations every half hour of a tepid solution of corrosive sublimate 1 part to 5000.

Unquestionably the eye diseases which we are all called most frequently to treat are those of the conjunctiva, and of these catarrhal, muco-purulent, purulent, pustular, granular and diphtheritic conjunctivitis are distinctly contagious, and except perhaps the pustular and diphtheritic forms, are usually propagated by inoculation of one kind or another. This was well known long before the microscope showed us the various bacilli supposed to be characteristic of each.

In all these cases again our most valuable remedies owe their virtue first to their disinfectant properties and not

less in the milder cases at least to the fact that they are non-irritating. The best of these remedies are the solutions of borax and boracic acid. They have positive virtue and are harmless. In conclusion my idea of the value of antiseptics in eye surgery may be briefly stated.

In the treatment of diseases which have been known to be contagious long before the germ theory was ever advanced, it is now established that no remedies can be so efficient as those which owe their efficacy to their germ destroying powers. As an accompaniment of operations on the human eye the elaborate methods and minute details so needful to the general surgeon are unnecessary. But at the same time aseptic methods as strict cleanliness are absolutely essential, and the oculist who would meet with the greatest possible success must operate with clean instruments and clean hands.

**PNEUMONIA.**—The infectious nature of fibrinous pneumonia has been investigated by J. Lipari, his results being published in *Il Morgagni*, August, September and October, 1888. He reproduced pneumonia in animals by intratracheal inoculation of pneumonic sputa or of cultures of a microbe having all the characteristics of Fränkel's pneumococcus. In all cases he found the same microbe in great abundance, in the hæmorrhagic and sero-fibrinous pleural exudations, and in the hepatized pulmonary parenchyma, less abundant in the blood and spleen, inconstant in the liver, kidneys, and pericardial and peritoneal fluids. In some cases of pericarditis, peritonitis, and abscess of the liver the pneumococci were very abundant. Inoculations of sputa or of pure cultures in the veins, in the peritoneum, or under the skin, never caused pneumonia; pneumonia occurred only when the inoculations were made through the lungs. The disease was first local, and then became general.—*The Journal*.

## Society Reports.

THE GYNÆCOLOGICAL AND  
OBSTETRICAL SOCIETY OF  
BALTIMORE.

STATED MEETING HELD FEB. 12TH, 1889.

The President, DR. THOS. OPIE, in the Chair.

Dr. Robert T. Wilson read a paper entitled

## ERYSIPELAS AND PUERPERAL FEVER.

(see page 401.)

*Dr. Thos. A. Ashby* remarked that his experience with puerperal fever was limited to one case. In this case it was of traumatic origin and unavoidable. As far back as the time of Semmelweis the fact was recognized that erysipelas, scarlet fever and cadavric poison, would establish in the lying-in-women a train of symptoms identical with puerperal septicæmia. The inference was that a septic poison from the condition mentioned had been introduced. This fact could not be safely questioned at the present day, although distinguished authorities were at variance in regard to the full acceptance of the theory of contagion. The acceptance of Semmelweis' observations has led to such radical reforms in obstetric practice that the puerperal conditions are being rapidly dissipated. The division of the causation of the puerperal conditions into the auto-genetic and hetero-genetic classifications has led to a better understanding of the processes as now recognized. The septic poison may be inaugurated from within by local conditions, such as retained secundines, blood clots, or necrotic uterine or vaginal tissue. Decomposition is established and absorption from these local conditions occurs. The patient liberally infects herself. Remove the local processes thus established and the local supply of septic material is cut off. Recovery in many instances will follow. Prevent the local conditions and the septic process is not estab-

lished. Thus effect and cause have the strongest relations. In heterogenetic septicæmia a different train of conditions is observed. The poison is generated purely outside of the patient's body and gains entrance to the genital tract through instruments, hands or by atmospheric influence. The local lesion may be nothing beyond a bare placental site and yet symptoms are established within a few hours which indicate virulent poisoning. The poison once admitted, even in its most attenuated strength, is very often sufficient to destroy life within a few days. The symptoms are allied to those of a profound toxæmia. The treatment of this variety of puerperal disease is clearly different from other forms. Its prevention must be sought for in antecedent conditions and not in those which arise during its puerperium as in the case of the autogenetic variety.

The traumatic fevers which follow in the wake of natural or artificial delivery belong to another class. They are inflammatory in origin and only become septic secondarily. If septic processes result they cannot always be traced directly, or even indirectly, to external sources of contagion. Whilst we may recognize these various forms of disease in the puerperal woman it is more than probable that they are often allied and run their courses in a conjoint manner. In the prevention and treatment of these states the central idea is very apparent,—employ absolute asepsis before, during and after labor.

*Dr. H. P. C. Wilson* recalled his experience at the old Baltimore Almshouse, where there was a lying-in department. Erysipelas appeared in the sick wards, and on the same or following day, came puerperal fever. All the women who had it died except one, who took large doses of tr. ferri mur. He had all the labor cases removed to an out-house, and then the epidemic ceased at once. He could not explain the relation between the two diseases, but he would not think of going to a labor case after seeing a case of erysipelas. Every day he is more convinced that puerperal fever is septic in its origin. He had lost but one woman of it, whose



history he related. He believed that sporadic peritonitis may occur during the puerperal period, but very rarely, it being generally due to septic poisoning, as is often seen after operations. A large dose of the poison will kill rapidly. a lighter dose not so soon, or the patient may recover.

*Dr. P. C Williams* thought that we must distinguish between the different forms of erysipelas. The erythematous variety is slight and non-contagious, and he had never hesitated to go from such cases to a case of confinement. The phlegmonous variety is very different. This disease is severe and he believed contagious and communicable, and therefore he thought it would be hazardous to go from these to a labor case. Such disease might produce puerperal peritonitis by erysipelatous infection. He thought that we might distinguish between cases of peritonitis occurring, from any cause in a puerperal woman, and a case of true puerperal fever which resulted from septic influence originating from causes within the woman, or from septic influence introduced from without and acting through an injury inflicted upon the genital organs.

*Dr. Williams* related the case of a primipara in whom peritonitis began before the labor was completed, and before any laceration could have existed, and which proved fatal on the third day. This case seemed to have originated from causes inside the woman and not from any poison introduced from without, and might be called an autogenetic peritonitis. Blood poisoning (or so called puerperal fever) resulting from disintegration of blood clots in utero, or from inoculation from without usually follows a different cause, and is much slower in its progress. In these cases death rarely occurs before the 8th or 9th day, and may be postponed until the 14th or even the 21st day.

*Dr. Thos. Opie* protested against the doctrine of auto-sepsis or endo-sepsis as tending to lessen the responsibility of the obstetrician and besides as being a serious step backward in our knowledge of the pathology of septicæmia. Blood clots, pieces of the membranes and pla-

centa, may when retained in the uterus, be decomposed without infection of the puerpera. They furnish the fitting nidus and invite the poison from without. He does not believe that a single instance of an epidemic of puerperal fever, was ever authenticated. He believes it has become endemic, in crowded lying-in asylums, constituting a so-called, nosocomial malaria. The profession as a rule, seem to hold the view "no microbe, no septicæmia." Professor Carl Braun holds, that the putrid poison kills and causes puerperal fever, with or without the presence of bacteria.

The view is held by most writers that much depends on the quantity of the dose of the poison and the avenue by which it is taken into the system. The absorption is rapid through the deep lacerations, especially of the perineum and the cervix and where the placental site is not well guarded by normal involution, during the first few days after labor. Here the poison gains ingress through the vascular system and its virulence is manifest in high temperature, rapid pulse and other evidence of deep empoisonment. In other cases it is slow in its effect and mild in its symptoms, having made its entry through the lymphatics, as in cases of uterine lymphangitis.

It is proven beyond controversy, that it is an animal matter in a state of decomposition that causes this toxæmia, that it is surgical septicæmia modified by the peculiar condition of the puerpera, that it is contagious in the highest sense and that beyond a shadow of doubt, *it is preventible.*

We can, in view of the present knowledge, and especially the advance in antiseptics, await the result of experimentation and laboratory investigation as to the exact nature of the poison. The profession may well be congratulated on the treatment of septicæmia. This is set forth clearly in the wonderful reduction of mortality in all lying-in asylums. The Charité, of Berlin, in 1859, had a mortality of 16 per cent.; it has been reduced 0.9 per cent., and at Strasburg to 0.27 per cent. The Preston Retreat, Philadelphia, has not had a single case

of death of sepsis or from any other cause in six hundred cases. The crowning success in treatment is prevention of antiseptis. The curative treatment has been most encouraging, especially since the introduction of antipyretics. Antipyrin and antifebrin have done wonders and are daily widening their field and gaining new laurels. Phenacetine bids fair to outstrip them both, since it has no depressant effect, creates no nausea and reduces temperature as well, if not better than either. One does not think of drugs in this death-dealing disease without paying a tribute to the bichloride of mercury as a double and efficient protector of mother and child. Since its free use in the Preston Retreat, Philadelphia, and the Maryland Maternity Hospital, Baltimore, ophthalmia neonatorum has been abolished.

*Dr. Ashby* said, I wish to reply to one statement made by *Dr. Opie*. In recognizing the auto-genetic variety of septicæmia, I do not claim, nor do the authorities, that the germ itself is of strictly local origin. Where it comes from or how it originates within the uterine cavity no one can say. The idea expressed in the term auto-sepsis is simply this: certain local conditions are present which are capable of generating a septic process; remove the local conditions and the septic process is arrested or modified. Whether the germ finds a nidus in the local condition or the local condition develops the septic process are one and the same thing practically speaking. The central fact is that retained products or necrotic tissues are capable of establishing a toxæmia in the lying-in woman, and that the woman virtually inoculates herself with a poison generated within her own body. In the hetero-genetic form of sepsis, the local conditions above referred to are not essential, the germ is introduced in some occult way, and establishes its toxic effects in a constitutional rather than local manner. Indeed it is not clearly established whether the poison gains entrance through the genital tract in every instance, though this is no doubt by far the most common entrance. In the light of modern researches it is more

than probable that many of the pathological conditions occurring in the lying-in woman are very closely related as to their causation and that the connecting link is a bacterium. This statement cannot, however, be applied to all of the inflammatory and febrile disturbances following parturition.

*Dr. John Whitridge Williams* then reported a case of

A RARE COMPLICATION OF LABOR, SIMULATING RUPTURE OF THE UTERUS.

(See page 405.)

*Dr. John Morris* said that, though it was singular, he had several times found that the last labor of multiparæ caused far more damage than the first. He had seen them die after bearing safely many children, and related a case seen in consultation with *Dr. Webster*. This has been more impressed upon him by the statements of people applying for life insurance whose mothers had died between 40 and 50.

*Dr. T. A. Ashby* remarked that he did not believe in the significance of numbers, but it was a striking coincidence, taken in connection with *Dr. Williams'* and *Dr. Wilson's* cases that he had several years ago delivered a patient who had given birth to ten children without the least difficulty. In her eleventh labor the child presented in the right occipito-posterior position and was delivered with great difficulty with the forceps. In a case which came under his care during the past year, the seventh child presented by the shoulder and version was performed. All previous labors had been normal. He had recently operated for laceration of the cervix in a case in which the laceration evidently occurred in the eighth labor. In his experience the multipara was, if anything, more liable to difficult labor and to accidents than the primipara. It is well known that placenta prævia malpresentations, post-partum hæmorrhage and rupture of the uterus occur more frequently in women who have borne many children. The process of repeated child-bearing brings about changes in the size,



structure and tone of the uterus, which lead up to the conditions recited.

In regard to the propriety of a laparotomy during a state of collapse he was not sure that it was not admissible. Where the abdomen contained blood and hæmorrhage was evidently going on the only recourse left was to open the cavity, clean out blood clots, ligate bleeding vessels and then attempt a resuscitation. Mr. Tait opens the abdomen in cases of hæmatocele or ruptured tubal pregnancy in conditions of profound shock or collapse, and his results have been satisfactory.

Where the collapse is a simple failing of the vital powers which have not reached a fatal point, laparotomy is deserving of trial since if it can do no good it can do no harm. It is a *dernier ressort*.

Dr. Thomas Opie said he had met a number of cases such as Dr. Morris described, where trouble ensued in the last labors of very fruitful women. He had such a case in his clinic to-day, where the mother of eleven children had made excellent recoveries after all her labors, except the last one. He thought a laceration of the cervix of a relatively insignificant character, will often deepen with each successive birth, until it bring about serious results. The operation of trachelorrhaphy is indicated and usually rewards with cure, if resorted to early.

Dr. P. C. Williams in reply to the suggestion of laparotomy, said that the surgeons of Vienna were not slow to operate in all cases deemed appropriate—indeed they operate with a frequency that is quite surprising. In the case in question the long duration of labor—48 hours—and the complete collapse of the woman when admitted to the hospital, seemed to him an effectual obstacle to laparotomy. It seemed to him, that it would require great boldness to operate under such conditions.

Dr. Wm. Pawson Chunn reported a case of

MENORRHAGIA IN A VIRGIN.

(See page 404.)

Dr. Thos. Opie called attention to the very clear views of Dr. Skene on the

treatment of cervical endometritis, in which he denounces the use of strong caustics in benign diseases of the cervix. He says the long continued use of nitrate of silver and nitric acid to the lips of the os-externum, a common practice in connection with cervical catarrh, often leads to stricture, scar-tissue, occlusion of the Nabothian glands and the formation of cysts. He does not in curetting the cervix follow the plan of removing the whole mucous lining, but cuts out a deep strip on each lip and passes a sound every third day, since he fears here also, contraction and consequent stricture of the canal.

Dr. Thomas A. Ashby said Dr. Chunn's paper called attention to an important point which he wished to emphasize. He had never met with a case of menorrhagia or metrorrhagia in which the hæmorrhage could not be controlled for the time being by the use of the curette or with mild astringent applications to the endometrium. In his experience curetting was a most satisfactory procedure. He had never met in his own practice with a metritis or cellulitis as a result of its employment. It was his custom to employ gentleness, to use strict antiseptis and to keep the patient in the horizontal position for several days after. He had found mild applications of the persulphate of iron exceedingly serviceable in uterine hæmorrhage. He protested against the employment of fuming nitric acid to the endometrium, and would not apply a solution of nitrate of silver stronger than 20 grs. to the ounce. He thought the use of the solid stick, or of very strong solutions of the salt, should be discarded. The only condition in which such caustic agents were demanded were in uterine cancer where a destruction of tissue, was aimed at. The ordinary conditions of the endometrium in which a granular degeneration was observed would respond to milder treatment.

The belief of employing severe measures was productive of harm. The hæmorrhage would cease under such circumstances, but ugly cicatrization and partial or even total damage to the mucous membrane would follow.

Dr. Wm. Pawson Chunn said, in reply

to Dr. Opie, that the application of nitric acid in the way mentioned could not be made to reach all the granulations the uterus might contain. In the first dilatation the operation was incomplete, although the cervix was thoroughly stretched, but on account of the excess of scar-tissue retraction followed. At the second sitting still greater dilatation was practised and a successful result was obtained.

*Dr. John Morris* reported a case of

ABUSE OF ERGOT IN LABOR,

(See page 404.)

In which ergot had been given continuously for fifteen hours in labor.

*Dr. Morris* also related a case of

MATERNAL IMPRESSIONS.

A lady in the fourth month of pregnancy, was struck violently by a base-ball in left side of the abdomen. She suffered very great pain at the time and during her pregnancy. The pain still continues although her child is ten day old. Strange to say the infant, which is healthy in every respect, has the mark of the ball on its abdomen corresponding to the seat of the injury in the mother. A circular red mark, two inches in circumference, unlike the usual birth marks, is clearly defined.

*Dr. P. C. Williams* had no doubt that the child was killed by the long-continued tonic contraction of the uterus produced by the immense doses of ergot given so persistently. He also ascribed the suppression of the lochia to the same cause.

This was one of the many instances in which ergot is given under most improper circumstances, and most improper quantities. The abuse of a remedy is no argument against its proper use. Many cases are reported in which the use of ergot is grossly abused, and by reason of this abuse it has become fashionable to denounce the use of ergot under all circumstances in obstetrics. *Dr. Williams* said that he could not consent to abandon its use whenever he

thought it would be advantageous to do so.

He used it frequently, but never gave it until the cervix uteri was either dilated or dilatable. Before that time he thought it very improper to give it, because during the first stage of labor, before the cervix was dilated, the ergot produced contraction of the circular fibres of the cervix that would prevent dilatation and would thus increase the difficulty of the expulsion of the child. After dilatation is accomplished, ergot contracts the longitudinal fibres and thus greatly assists the expulsion of the child. He used ergot in many cases to guard against post-partum hæmorrhage. Before using it for this purpose he frequently had cases of post-partum hæmorrhage. Since that time he has had no cases of such hæmorrhage. This experience must be more than a coincidence. The use of ergot promoted severe after-pains by maintaining such firm contraction of the uterus that clots could not form in its cavity.

*Dr. John Morris* in reply to a question, said that strange to say she had no after-pains and an excellent convalescence except for an excessive thirst and a total absence of the lochia. The flow of milk was scanty.

NASAL DIPHTHERIA IN CHILDHOOD.—

The number of fatal cases of concealed diphtheria in children is certainly large. Even the most practised observer cannot obtain a satisfactory view of the nasopharynx of small children. Experience in the post-mortem room teaches that the local diphtheritic manifestations are most extensive on the back of the soft palate, in the region to which neither food nor light has access. It must be difficult in many cases to say in which part of the throat the membrane first develops. The disproportion between the severity of the general symptoms and the slightness of the local lesions as seen during life is remarkable. At the necropsy the local lesions are almost always found to be much more serious and extensive than had been noted during life.—*Lancet*.



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## Editorial.

THE INFLUENCE OF CERTAIN MEDICINAL AGENTS UPON THE BACILLUS OF TUBERCLE IN MAN.—Although the inefficacy of treatment in almost all cases of tuberculosis (pulmonary and laryngeal), and its almost certain fatal issue in most instances are sad truths, still few of us care to confess to ourselves the fact of its incurability and fewer are bold enough to record the apparent uselessness of all treatment.

Dr. G. Hunter Mackenzie in the *Edinburgh Medical Journal* for January 1889, has stared the truth full in the face. In the beginning he brings forward the fact that the number of tubercle bacilli found in the sputa of any case does not seem to bear any reference to the severity of the case. A case may go on for years with an enormous number of bacilli found at every examination. This seems very plausible. The fact that the bacilli seem to grow less at each examination may not indicate an improvement. For naturally when the larynx is the seat of

disease the sputa must swarm with bacilli while in a lung lesion alone the bacilli-laden secretions coming from a grater distance may pass in other directions as in other parts of the lung or in the stomach.

As the treatment is directed against this primary cause of the disease, the only way to influence the bacilli is by climate, by general or by local remedies. He has seen climate cause improvement for a time, but he has never yet witnessed the complete disappearance of tubercle bacilli follow on, or be induced by climatic changes. Dry climate with the minimum variation of temperature is most favorable, a low temperature diminishing the amount of expectoration, and the bacilli. The latter however seem almost always to present, for even when the non-ulcerating tubercular laryngitis cannot be distinguished from a simple chronic laryngitis the presence of the bacilli, as many of us know by experience, will alone make the diagnosis.

It is not difficult to select a host of bacilli destroyers, but an efficient antiseptic must be destructive to the bacillus and innocuous to the host. He has tried all possible antiseptics in spray in as strong a solution as feasible and all in vain. Dry inhalations are objected to on account of their desiccating and irritating effect upon the laryngeal mucous membrane.

\* According to the experiments of MM. Filleau and Léon-Petit, the tubercle bacillus is one of the most refractory of all micro-organisms to the action of the most destructive agencies. It maintains its virulence after lying for forty days in putrid sputum, and for one hundred and eighty-six days away from contact with air. It can live at a temperature between 86°F. (30°C.) and 104°F. (40°C.). The bacilli may be destroyed but the spores are so tenacious of life that the most violent means such as prolonged boiling, steaming, etc., are alone capable of rendering them inactive. *Corrosive sublimate itself is powerless to disinfect the sputum.* Tuberculosis may seem to be

cured at times but the spores are only lying latent. In view of these facts scepticism as to the cure of pulmonary or laryngeal tuberculosis may be pardoned.

A STUDY OF ANEURISM.—In view of theories as to the causation and origin of aneurisms the clear statement of facts by Dr. Hermann M. Biggs in the *American Journal of the Medical Sciences* in his observations on aortic aneurism is particularly valuable. From an examination of thirty-four cases which came up in a period of eighteen months he found that this pathological condition is more common than is generally supposed. The general condition as to age, sex and position of aortic aneurism (at the point of greatest strain) agreed with former statistics, but in only five could a syphilitic history be found and only six were alcoholic. In the 28 cases of thoracic aneurism, only 11 had shown a history suggestive of aneurism. Death was generally instantaneous, in a few cases hæmoptysis had occurred a few days before, simulating lung trouble. Death occurred not only after exertion but at times during sleep. In 17 of the 28 cases, there had been no symptoms in life marked enough to attract the attention of the patient or to cause them to consult a physician.

The author thinks that too much emphasis has been laid on endarteritis and atheroma as a cause of aneurism. This however, seems very natural judging from former post-mortem examinations. Pathologists agree that it is in the middle or strongest coat of the artery that the first changes may be noticed and the dilatation of the vessel may be gradual or sudden as after a sudden and violent exertion. Syphilis seems to be the most active agent in producing aneurism and this, of course, accounts for the good effects of the iodides. From an examination of these cases Dr. Biggs concludes:—

1. That aortic aneurisms are more frequent than is usually supposed.

2. That rupture of aortic aneurisms and rupture of the aorta together form one of the most frequent causes of sudden death occurring without previous symptoms.

3. That very frequently indeed aortic aneurisms give no signs of their existence, or at least, very indefinite ones until rupture occurs.

4. That the comparative frequency of rupture of aortic aneurism as a cause of death has largely escaped notice, because in this country this class of cases does not often come under observation on the post-mortem table. Death occurs suddenly without previous symptoms, and, without an autopsy, is charged to heart disease or cerebral apoplexy.

5. That syphilis forms a larger and, perhaps, the largest factor in the production of aneurism of the aorta. This disease of the middle coat is perhaps often secondary to disease of the vasa-vasorum.

6. That when dilatation of the aorta occurs, in the larger proportion of cases it follows disease of the middle coat, which is in the nature of a degeneration, and not an inflammation.

### Miscellany.

THE ERADICATION OF BOVINE TUBERCULOSIS.—At the annual meeting of the Scottish Metropolitan Veterinary Medical Society, held at Edinburgh on Feb. 20th, the time was mainly occupied by a discussion of a paper read at the last meeting by Mr. Storrie, on "The Measures to be adopted for the Eradication of Bovine Tuberculosis." Mr. Rutherford, in opening the debate, averred that there was no instance of the disease having been directly transmitted to man through the consumption of the flesh or milk of a tuberculous animal, and that unjustifiable alarm had been created. He argued that greater effectiveness would be given to the Contagious Diseases (Animals) Act if the veterinary profession were to report outbreaks of disease instead of the owners of herds. Mr. Pottie ridi-



culed the idea of tubercular infection through consumption of meat or milk. At the same time he believed tuberculosis was increasing rapidly, and that something should be done to stay its progress and to protect the public from eating diseased meat of any kind. Dr. Hunter boldly affirmed that the milk of a tuberculous cow was highly dangerous to the human subject, and that this accounted for the high death rate among children brought up on cow's milk. Principal Williams agreed that in all cases that the flesh and milk of tuberculous animals should be condemned, and that they would never get rid of tuberculosis until it was placed under the Contagious Diseases Act, compulsory slaughter enforced, and compensation granted to owners. The discussion closed with the unanimous adoption of the following resolution: "That this Society, thoroughly believing tuberculosis to be a systemic and contagious disease, urge upon the Government (1) to stop the sale of milk from animals suspected of being affected with tuberculosis; (2) to suppress the consumption of meat from tubercular animals; and (3) to give compensation for a limited number of years."—*Lancet*.

**PHYSIOLOGICAL ACTION OF SULPHONAL.**—Dr. William. F. Shick in an article on the Physiological Action of Sulphonah (*Journal of Nervous and Mental Disease*, for January 1889), after a series of carefully conducted experiments on the lower animals draws the following conclusions:—

(1) It does not affect the irritability of the motor nerves.

(2) It does not alter the muscle curve.

(3) The sensory nerves are left intact.

(4) It depresses reflex activity mainly by an action on Setschenow's centres, occasionally it exalts reflex excitability.

(5) It acts as a narcotic.

(6) The pulse is usually somewhat accelerated.

(7) The arterial tension, after a temporary fall, is considerably increased.

(8) Respiration is depressed, section

of the vagi does not alter the effect.

These facts lead me to believe that sulphonah will replace chloral to a considerable extent. The well known dangerous action of chloral as to heart and respiration is avoided with this drug, and if the narcotic effects are equal, sulphonah should have the preference. Whilst I have seen the heart paralyzed by the drug in a few minutes, yet it was due to the sudden action of the drug by the jugular and perhaps partly to some of the drug being thrown down on account of its insolubility, for the solution was somewhat warmer than the temperature of the blood.

**BLENNORRHOEA IN WOMEN.**—During the period of six years Horand has had under his care 3,090 women and 764 little girls suffering with blennorrhœa, and it is upon this large number of observations that he gives us ("Lyon méd.," 1888, lix, 251) the present study. He is a firm believer in the gonococcus as the cause of blennorrhœa, and teaches that where the gonococcus is not found there is no blennorrhœa. In the women the parts affected are, in order of frequency, the urethra, vagina, glands of Bartholin, uterus, and anus. In little girls the order is vagina, urethra, vulva, and anus. Urethral blennorrhœa in women causes little disturbance; it may give rise to slight itching or more frequent urination; cystitis is rare. It may continue a long time, months or years, and is apt to remain limited to the urethra. Inflammation of the vulva is rare in women, more frequent in girls. It is generally consequent upon mechanical irritation, want of care, direct contagion, attempts at rape, or accidental from contact with objects soiled with blennorrhagic pus. It may exist alone or associated with elytritis or urethritis. The epithelium of the vestibule seems to offer a good deal of resistance to infection. Elytritis is more frequent—rather more in girls than in women. Uterine blennorrhœa is very rare—it was found only six times in four hundred and eighty-three examinations. It is the result of transmission from the vagina. Bartholin's glands are affected only

secondarily. Anal blennorrhœa is more frequent in women than in men. It is the result both of mediate and of immediate contagion. Gonorrhœal rheumatism is very rare in women, as is gonorrhœal ophthalmia. For the treatment of urethritis the best means is nitrate of silver, a grain and a half to the ounce. For elytritis in a child, irrigations with a warm boric-acid solution should be used; in adults, the silver nitrate in stick applied directly every four or five days. The same treatment is also best for the disease when it affects the uterus, the anus, or the conjunctiva. —*New York Medical Journal*.

**INFECTIVITY OF PHTHISICAL SWEAT.**—Dr. Eugenio di Mattsi (*Bulletin Médicale*) has made several experiments to determine whether the perspiration of phthisical subjects (in which Severi, in 1884, found the tubercle bacillus) was infectious or not. In the first series of his researches the author obtained the perspiration by simply scraping the skin with a bistoury. The adhering matter was deposited on a watchglass, and then passed rapidly, three times in succession, through the flame of an alcohol lamp, and then colored after the Koch-Ehrlich method.

These researches, made with the perspiration of eight phthisical subjects whose sputum contained the bacillus of Koch, and at different periods of the disease, proved that the perspiration of phthisical subjects (at least in these instances) contained micrococci of variable dimensions, bacilli similar to those of tuberculosis, and fragments of cells, etc. These deposits, when cultivated, gave rise to the development of two colonies of tubercle bacilli. Four rabbits, inoculated with these cultures, succumbed to tuberculosis. Of ten rabbits inoculated directly with the phthisical perspiration, which was introduced into the anterior chamber of the eye, eight developed tuberculosis.

With the second series the author proceeded differently, the perspiration being only removed after the strictest antiseptic precautions had been taken. The skin was first washed with soap and

water, then with alcohol of ninety per cent. then with a sublimate solution of 1-1000, and lastly with sterilized water: the body was then thoroughly dried, and a large watchglass applied, wherein the perspiration accumulated; this glass was removed after two or three days. The experiments made with this perspiration gave results which were absolutely negative so far as the search for tubercle bacilli, the cultivation and the inoculation of animals were concerned.

From these experiments the author reaches the following conclusions;

1. The perspiration of phthisical subjects contains the bacillus of Koch, and is consequently infectious.

2. These bacilli are not eliminated from the body through the perspiration, but come from the sputum of phthisical subjects, and are suspended in the air and attached to the linen of the patient.

3. Phthisical subjects should not spit on the floor, and their wearing apparel should be disinfected before being handled.—*Gazette Médicale de Montréal*, January, 1889.—*Med. News*.

**ONE THOUSAND OPERATIONS FOR HÆMORRHOIDS BY THE METHOD OF LIGATION.**—Dr. J. M. Matthews, of Louisville, Ky., states (*The Journal of the American Medical Association*) that he has operated about one thousand times for hæmorrhoids by the ligature. He has never had to operate the second time upon the same patient for the affection. He has never had an unnatural contraction around the anus as the result of the operation, nor had ulceration or stricture to result. He has had one case of tetanus, which he believes to have been superinduced by a debauch, the patient having been drunk for several days before the operation. The tumors protruded, strangulated, and mortified, hence the operation. The patient recovered from the tetanus under bromide treatment. He has had one case of secondary hemorrhage occurring on the third day. The rectum was plugged and the bleeding stopped. Also one dangerous case of hemorrhage, which occurred one hour after operation was done, in consequence of the slipping of



the ligature, the pile having been cut off. The patient was pulseless and cold when seen, but the artery was quickly secured and tied, and he made a good recovery. Dr. Matthews has never had a single death result from the operation, and but few untoward symptoms.—*Medical Record.*

**DRUGGISTS ENTER PROTEST.—THEY COMPLAIN THAT THE FREE DISPENSARIES ARE NOT RUN PROPERLY.**—The Council Committee on Ways and Means last Tuesday gave a hearing to a committee of druggists who protested against the manner in which the free dispensaries supported by the city are conducted. The committee of druggists included Messrs. A. P. McGlannigan, Dr. Thompson, Dr. Culbreth, John F. Hancock, and Prof. Caspari. Mr. McGlannigan stated that there was now in existence fourteen dispensaries, receiving appropriations amounting in all last year to \$9,400 and they are now endeavoring to get larger appropriations for the current year. The number of prescriptions annually compounded at these institutions is about 250,000 one-half of which are compounded for persons well able to pay. There are about 300 druggists in the city, and by dividing the number of prescriptions compounded for the undeserving and allowing twenty cents for each prescription, it will be seen that there was an average loss of \$84 for each drug store. He suggested that appropriations be given only to general dispensaries, and that they be required to keep their doors open all day instead of a few hours each day. Another trouble with the dispensaries, he said, was that most of those who compounded the drugs were incompetent, young physicians being placed there for practice.

Mr. Hancock stated that there were nineteen dispensaries in the city, and the Hopkins free dispensary, which will be an important feature of the hospital, will soon be established. A few of the dispensaries, including the Eye and Ear Dispensary on Franklin street and the General Dispensary on Liberty Street, have regular pharmacists, but most of the others have incompetent men for the

work. Medicines are not so difficult to compound as formerly, as they can be now bought in bulk in proper shape. Any one acquainted with the work who goes to a dispensary and sees the slovenly way in which the medicines are compounded would be shocked. Dr. Hancock stated that he and other druggists never refuse to furnish medicine to a poor person because he has no money, but furnish it with the same care and attention as for those who pay the full price. After the Hopkins Dispensary is opened there will be but little need for the dispensaries. The medical profession is overcrowded, and ingenuity is employed to help along the young doctors. The same state prevails among druggists, and the question is not so much getting skilled labor as getting money.

Prof. Caspari stated that the dispensaries were intended as practice shops for physicians, who are no more suited to compound medicines than are druggists to prescribe. In Washington the poor are furnished medicine through the druggists, who receive twenty-five cents for each prescription without regard to cost. About 10,000 prescriptions can be put up for \$1,000.—*Baltimore American.*

**OTOSCOPY IN DISEASES OF THE SPINAL CORD.**—As the examination of the fundus of the eye is capable of affording valuable assistance in the diagnosis of cerebral diseases, so, according to some recent researches by Dr. Gellé, some light may be thrown on affections of the spinal cord by the examination of the ears. When pressure is exerted upon the tympanic membrane by means of injecting air into the meatus with a ball syringe whose nozzle fits closely into the passage, the hearing power is diminished both when tested with a tuning-fork placed on the ball of the syringe and also when placed on the cranium, thus showing that the sound, whether conveyed by the air or by the bony case of the ear, has to pass through the same route—viz., the membrana tympani and the chain of ossicles—in order to reach the labyrinth, the German theory of the

direct propagation of cranial sounds through the petrous portion of the temporal bone to the labyrinth being in this way, according to Dr. Gellé, shown to be incorrect. When the vertex tuning fork is heard as well with an inflated meatus as under normal conditions, the true inference is that the stapes is immovable. Not only does inflation of the external meatus diminish the hearing power of the ear on which it is practised, but that of the other side as well. This must be due to a reflex action controlled by an oto-spinal centre causing an increase of tension in the membranes of the opposite ear. If this be the case, as Dr. Gellé believes, a method is opened up for diagnosing the condition of the spinal cord in the locality of the oto-spinal centre, as where the ears themselves are sound a want of coördination will indicate the existence of some lesion of the cervical portion of the cord.—*Lancet*.

THE ANTIDYSPNÆIC ACTION OF IODIDE OF POTASSIUM.—The antidyspnœic action of iodide of potassium has been studied by Professor Sée, who concludes that this drug antagonizes dyspnoea in a double manner: 1. By liquefying the products of catarrhal secretion that block the bronchi and hinder the entrance of air; and by facilitating gaseous changes between the intra-pulmonary and the ambient air. At the same time it acts on the respiratory centre and on the pulmonary circulation. 2. By causing a true pulmonary hyperæmia, which has the effect of accelerating the circulation and of increasing the changes. Venous stases disappear under its influence, asphyxia diminishes, and respiration becomes freer and easier. Iodine is not only a respiratory, but a pulmonary medicament. Whether the hyperæmiæ action of the iodine is due to excitation of the vaso-motor centre, and especially of the vaso-dilator nerves or not, it matters little. Calmeil has shown that iodine accumulates in enormous quantities in the lungs, as well as in other organs, and facilitates the pulmonary circulation.—*The Journal*.

## WASHINGTON NEWS AND COMMENT.

THE EASTERN DISPENSARY.—The contributing members of the Eastern dispensary held their annual meeting last evening at the residence of Dr. Frank T. Chamberlin, and elected the following officers and board of directors for the ensuing year: Chas. C. Lancaster, president; Dr. Frank T. Chamberlin, vice-president; Emmons S. Smith, treasurer; Dr. T. Archibald Taylor, Secretary; Chas. G. Dulin, John F. Waggaman, Dr. John T. Winter, Geo. F. Harbin, Dr. Llewellyn Elliott, Jas. A. Hunter, D. D. S., Chas. A. Elliott, Dr. Geo. C. Ober, Dr. W. P. C. Hazen, Seymour W. Tullock and Dr. Thomas M. Norton. The president reported that the institution was doing good work among the poor and afflicted, and was generously aided by wealthy and charitable ladies of the District.

One hundred accident cases were treated at the Emergency Hospital during the Inauguration festivities.

Dr. Robert T. Edes has inaugurated a course of bed-side instruction at the Garfield Hospital.

## Medical Items.

Dr. Thomas F. Buckler has been appointed vaccine physician, vice Dr. Womble, deceased.

Another case of death from "Christian Science" is reported at Pierre, Dak.

Dr. John G. Womble a well-known physician of this city died last week.

The death of Dr. W. H. Mace, of Baltimore County was announced last week.

The Commencement of the Baltimore University, School of Medicine, took place on last Wednesday.

Professor Max Planck of Kiel, has been appointed to share with Professor Helmholtz the teaching in Physics at Berlin.

Dr. G. K. Johnson, of Grand Rapids, has declined to testify before a United States pension examiner without compensation, and the question is to be settled in the courts.

The Lacaze Prize of 10,000 fr. has been awarded to Dr. Malassez, Director of the lab.



oratory of histology of the College de France, for his work on tuberculosis.

The recent Russian Medical Congress was attended by 1,648 practitioners, of whom 162 were women. Of the latter, 105 belong to St. Petersburg.

The Central Council of Hygiene at Vienna has decreed that seances of hypnotism shall be forbidden on account of the accidents which they cause.

A Polyclinic has been organized in San Francisco, and will be opened on or about March 1st. The object is charitable, medicine and advice being furnished to the sick poor gratuitously.

The faculty of the College of physicians and Surgeons has appointed Dr. Wm. F. Smith, of the class of 1889, resident physician at the City Hospital, and Dr. John W. Branham, assistant; Dr. F. Dyer Sanger, resident physician at Bayview.

The chair, entirely novel in medical colleges so far as we know, of Physical Examination for Life Insurance, has been created in the University of Vermont, and Dr. Charles F. Stillman, of New York, has been elected as its first incumbent.

Dr. James E. Reeves, of Chattanooga, will visit this city about the first part of April and wishes to form classes for instruction in Microscopical Technique. For particulars communicate with Dr. George H. Rohé, No. 611 N. Calvert Street.

The spring course of lectures in the College of Physicians and Surgeons will begin on Monday, March 18th, 1889. Dr. George J. Preston has accepted an invitation of the Faculty to lecture once a week on Diseases of the Nervous System.

The Baltimore Crematory Company have awarded to Dr. Miles L. Davis, of Lancaster, Pa., the contract for constructing a crematory. It will be built on a piece of ground bought from and adjoining Loudon Park Cemetery. The company expect to be ready to cremate bodies by the close of this summer.

Dr. William Read has presented the Boston Medical Library Association with his extremely valuable and rare collection of obstetric works. It comprises nearly four hundred volumes, and is thought to contain nearly everything of importance in French and English from the earliest times to 1861.

Dr. Alvan Talcott, of Guilford, Conn., who has given \$25,000 to endow a professorship of Greek at Yale College, is one of the oldest alumni of that institution. Although over eighty years old he is still a practising physician, and it is said that every night he reads a hundred lines of Homer, in the Greek, before going to sleep.

The International Congress of Hydrology and Climatology will hold its second session in Paris, from the 3rd to the 10th of October. Papers and letters of inquiry should be addressed to Dr. F. de Ranse, 53, avenue Mon-

tagne, Paris, until June 1st, or Nérís (Allier) from June 1st until October 1st. Subscriptions, with a postal order for 20 francs, should be addressed to M. O. Doin, 8, place de l'Odéon, Paris.

The Dispensary of the Medical Department of the Western Reserve University, which is now largely maintained by the Hurlbut dispensary fund, consisting of \$10,000 donated by Mr. H. B. Hurlbut, will soon be set on an independent footing. A wealthy local philanthropist has promised an endowment of \$50,000 for the dispensary. Hitherto the work in this department was comparatively limited, but with this additional fund much good work is promised for the future. The Laboratory of the College is now being thoroughly refitted with new and expensive apparatus, and another local capitalist has given the faculty *carte blanche* to buy the best possible instruments wherever they can be purchased.

Mr. D. Wightman, coroner for Sheffield, recently held an inquest on the body of an infant between 4 and 5 weeks old, who died from a dose of a soothing syrup. The parents could neither of them read, so, not knowing the proper dose, they gave the infant half a teaspoonful of the medicine; it soon became drowsy, and died in the course of a few hours. It appeared that the dose of opium it must have taken was about  $\frac{3}{4}$  grain. The coroner severely censured the chemist who had prescribed the medicine, saying that soothing syrup killed thousands of children and ruined the constitutions of thousands more; the latter, instead of growing up healthy men and women, were ill and delicate, and of the two he thought those were more fortunate who were killed.

The College of Physicians and Surgeons graduated a class of 67 on Wednesday of last week. The prizes were awarded as follows: The Brown Memorial gold medal and a case of obstetrical instruments (Rickert prize), to John W. Branham, of Georgia; the Howard memorial gold medal to John Craig McAllister, Jr., of Pennsylvania; the Erich memorial gold medal to Wm. F. Smith, A. B. of this city, a graduate of Johns Hopkins University, and the Nicholson gold medal for proficiency in anatomy to L. Whitfield Hartt, of Canada. Wm. A. Hood, of South Carolina, N. P. H. White, of Virginia, Leroy T. Nash, of Virginia, and A. J. Laciár, of Pennsylvania, received honorable mention. The valedictory address was delivered by Rev. Wm. Harris, D.D., of the Seventh Baptist church.

The annual reunion of the Alumni Association was held at the Eutaw House on Wednesday evening. About one hundred covers were laid, many out-of-town alumni were present. Dr. George Iverson Ross, of Massachusetts, delivered the annual oration and was elected president for the current year. Toasts were responded to by Drs. Ross, McAllister, Branham, Chambers, Smith and McNitt, and by Professors Arnold, Friedenwald, Gundry, Rohé, Simon, Latimer and Bevan. Mirth and sentiment reigned until the small hours.

## Original Articles

### SIX IRREGULAR CASES OF TYPHOID FEVER IN ONE FAMILY.

BY T. CHALMERS PEEBLES, M.D.,  
LUTHERVILLE, MD.

CASE 1.—Mr. K.—aged 58. After several weeks of malaise, on November 25th, 1888, was confined to his bed with a temperature of  $102^{\circ}$  Pulse 76. Tongue slightly furred but moist. For the five following days his temperature only varied one or two-fifths of a degree. December 1st, Pulse 80, temperature  $103\frac{1}{2}^{\circ}$ , P.M. Pulse 103, temperature  $103^{\circ}$ . Characteristic rash on abdomen, tenderness over right iliac region. A catheter had to be passed twice a day to empty the bladder. There was a tendency to constipation throughout entire illness. The perspiration and breath exhaled a peculiar and intensely foetid odor. From the 10th to the 16th, of December inclusive, temperature and pulse were normal and he felt so much better that he sat up in a chair by the fire, but on the 17th, 10 P.M., had a chill followed by a relapse. Pulse 100, temperature  $103^{\circ}$ . The nurse reported that he was very anxious about his wife's condition and remained several hours without sufficient bed-covering. On the 27th day of the disease the temperature was  $104\frac{1}{2}^{\circ}$ , which was the highest point reached. From this date the temperature gradually subsided, becoming subnormal on the 37th day, and did not rise above normal afterwards. The patient's normal pulse before illness was only sixty per minute.

CASE 2.—Mrs. K.—aged 48. December 10th, 1888. Had to give up nursing her husband, complained of fatigue and almost constant nausea caused, she thought, from the offensive odor from her husband's body. Temperature A.M.,  $100\frac{1}{2}^{\circ}$ , P.M.,  $101\frac{1}{2}^{\circ}$ , Pulse 120. Tongue moist and clean, bowels constipated. Intense neuralgic pain over left orbit. No pain in back or abdomen. 11th, A.M., temperature  $100\frac{1}{2}^{\circ}$ , P.M., temperature  $101^{\circ}$ . 12th, A.M., temperature

$99\frac{1}{2}^{\circ}$ , P.M.,  $102^{\circ}$ . 13th, A.M., temperature  $100^{\circ}$ , P.M.,  $102\frac{1}{2}^{\circ}$ . On the 11th and 12th days of the disease the morning temperatures were normal, evenings  $99^{\circ}$  but the pulse varied from 100 to 120. From the 13th day to the 27th, the temperature was very irregular, from  $100^{\circ}$  to  $103^{\circ}$ , there being very little difference between morning and evening. January 5th and 6th, temperature remained normal for 48 hours, but the pulse was 120. January 7th, fever returned, and the patient complained of nausea, dryness of throat, difficulty in swallowing, oppression on chest, had to be raised to get air. Pain and tenderness over abdomen. Had a natural action from bowels twice a day. Pulse 140. Temperature  $102\frac{1}{2}^{\circ}$ . Respiration 34. Jan., 9th, 32d day of disease. A.M., temperature  $103\frac{1}{2}^{\circ}$ , Pulse 140; P.M., temperature  $101^{\circ}$ , Pulse 140. 13th, 36th day, patient jaundiced. Pulse 140, temperature  $101^{\circ}$ , Respiration 34. Up to this time the patient had not lost much flesh and looked wonderfully well; suddenly changed in one night, becoming in appearance greatly aged, face drawn, lined and shrivelled. Temperature subnormal. Pulse 140. Respiration 32, and labored. 17th, Face flushed, delirium. Pulse 160, temperature  $95^{\circ}$ . Cadaveric odor from the body, eight involuntary actions from bowels in night, consisting of decomposed blood. January 18th, 4 A.M., died. This was the 41st day of disease. There was one feature in this case which attracted our particular attention, namely, the continued excitement of the heart even during a normal temperature. The jaundice came suddenly and almost disappeared after the frequent action on the bowels, and after death it was scarcely noticeable.

CASE 3.—Eldest daughter, aged 28. Dec. 10th. The second day of the fever. A. M., Temperature,  $101\frac{1}{2}^{\circ}$ ; P. M.,  $101^{\circ}$ . 11th. A. M., Temperature,  $100\frac{1}{2}^{\circ}$ ; P. M.,  $101^{\circ}$ . 12th. A. M.,  $102\frac{1}{2}^{\circ}$ ; P. M.,  $101\frac{1}{2}^{\circ}$ . 13th. A. M.,  $101^{\circ}$ ; P. M.,  $102\frac{1}{2}^{\circ}$ . 14th. A. M.,  $101^{\circ}$ ; P. M.,  $102\frac{1}{2}^{\circ}$ . 15th. A. M.,  $102^{\circ}$ ; P. M.,  $102^{\circ}$ . 16th. A. M.,  $101\frac{1}{2}^{\circ}$ ; P. M.,  $102\frac{1}{2}^{\circ}$ . 17th. A. M.,  $103^{\circ}$ ; P. M.,  $102\frac{1}{2}^{\circ}$ .



18th. A. M.,  $103^{\circ}$ ; P. M.,  $103^{\frac{3}{4}}^{\circ}$ .  
 19th. A. M.,  $103^{\circ}$ ; P. M.,  $102^{\circ}$ .  
 20th. A. M.,  $103^{\frac{1}{2}}^{\circ}$ ; P. M.,  $102^{\circ}$ .  
 21st. A. M.,  $103^{\frac{1}{2}}^{\circ}$ ; P. M.,  $102^{\frac{3}{4}}^{\circ}$ .  
 22nd. A. M.,  $102^{\frac{1}{2}}^{\circ}$ ; P. M.,  $102^{\circ}$ .  
 23d. A. M.,  $100^{\circ}$ ; P. M.,  $100^{\frac{3}{4}}^{\circ}$ .  
 24th. A. M.,  $99^{\frac{1}{2}}^{\circ}$ ; P. M.,  $99^{\frac{3}{4}}^{\circ}$ .  
 25th. 26th. 27th. 29th.  $98^{\circ}$ .

Then came a relapse followed by thirteen days of high fever, highest point reached was  $105^{\circ}$  on the 25th day of the disease. Pulse ranging 130 to 140. Delirious and wanting to get out of bed. January 12th, 1889. The thirty-sixth day of disease. Temperature  $99^{\circ}$ , Pulse 120.

13th. A. M., temperature  $98^{\frac{3}{4}}^{\circ}$ . Pulse 80; P. M., temperature  $99^{\circ}$ . Pulse 80.  
 14th. A. M., temperature  $98^{\frac{3}{4}}^{\circ}$ ; P. M.,  $98^{\circ}$ . Pulse 80.

Heavy perspiration and some diarrhœa. Then followed ten days of normal and subnormal temperature, with a weak, rapid pulse, brain excited, could only sleep under the influence of chloral hydrate, bromide or opium in some form. To me her condition resembled a case of delirium tremens, caused (I thought) by the large amount of stimulants given. On the 47th day Jan. 24th, relapsed, Temperature  $101^{\circ}$ . Pulse 140.

25th.  $101^{\frac{1}{2}}^{\circ}$ . Pulse 140.

26th.  $101^{\frac{1}{2}}^{\circ}$ . Pulse 140.

27th. Temperature  $103^{\frac{1}{2}}^{\circ}$ . Pulse 140. Eight actions, consisting mostly of blood, during the night.

28th. Temperature  $101^{\circ}$ . Pulse 140.

29th. A. M., temperature  $100^{\circ}$ ; P. M.,  $101^{\frac{1}{2}}^{\circ}$ .

30th. Temperature  $99^{\circ}$ . Pulse 140.

31st. Temperature  $98^{\frac{3}{4}}^{\circ}$ ; P. M.,  $100^{\frac{3}{4}}^{\circ}$ . About two ounces of blood in three small actions from bowels.

February 1st, A. M., temperature  $95^{\circ}$ , Pulse 120; P. M., temperature  $98^{\frac{3}{4}}^{\circ}$ , Pulse 130.

2nd. 56th day of disease. A. M.,  $94^{\frac{1}{2}}^{\circ}$ , Pulse 108.

Seven o'clock P. M., hands and feet became cold and clammy. Respiration impeded. Patient was conscious and complained of acute pain in epigastric region, and asked why she could not breathe; there was sudden and great distention of the abdomen, hiccup and nausea and in spite of stimulants includ-

ing hypodermic injections of ether, she died at 10 o'clock P. M. Was the immediate cause of death in this case internal hemorrhage or perforation?

CASE 4.—Second daughter, aged 25. December 10th, temperature  $102^{\frac{1}{2}}^{\circ}$ , Pulse 100.

The following ten days the fever ranged from  $102^{\circ}$ , to  $99^{\circ}$ . Pulse 108 to 88.

Dec. 23d. 24th. 25th. 26th. 27th. Five days with normal temperature and pulse, craved food, sat up and felt well in every way.

28th. Sixteenth day, relapsed. Temperature  $103^{\frac{3}{4}}^{\circ}$ ; Pulse 120.

28th. A. M., temperature  $102^{\frac{3}{4}}^{\circ}$ ; P. M.,  $104^{\frac{1}{2}}^{\circ}$ .

30th. Temperature  $103^{\frac{3}{4}}^{\circ}$ . Pulse 120. After this date the temperature gradually declined until the twenty-fifth day when it became and remained normal. Constipation required enemata, etc., throughout the entire illness. There was no rash in this case, and not much tenderness or pain in abdomen. The tongue kept clean and moist and there was no hemorrhage of any kind.

CASE 5.—Third daughter, aged 20. This case commenced on the 10th of December, and had almost continuous high fever.  $102^{\circ}$  to  $105^{\circ}$ . Pulse 120 to 140, until the day, when both temperature and pulse became normal and remained so for ten days. On January 8th. The thirty-first day, the fever returned, and by the thirty-fifth day reached  $105^{\circ}$ , declining from that until the forty-fourth day when it became normal. Pain and tenderness over the abdomen with a small rapid pulse (100), remained for three weeks longer. In this case a rash appeared on the abdomen on the fourteenth day. There was some cough for a few days with pains and dullness above the edge of liver. Great tenderness over abdomen. No diarrhœa or hemorrhage from the bowels, but there was a tendency to constipation. Some bleeding from nose and during the last weeks of convalescence occasional creeps towards night followed by a red spot on left cheek.

CASE 6.—Fourth daughter aged 15. December 14th. First day of fever,

Temperature, A. M., 100°; P. M., 101°. Fifth day. Temperature 104½°; Pulse 112.

On the ninth day rash appeared on abdomen. By the twenty-sixth day patient was free from fever and remained so for eight days, then had a relapse lasting for five days, followed by subnormal temperature. Pulse about 100. Creeps at night occasionally and slight rise of temperature, only lasting for a few hours. There was very slight tenderness or pain at any time in the abdomen. Constipation had to be relieved by medicines frequently. Appetite good, having to be restrained.

#### SUMMARY.

Six cases of typhoid fever relapsing, without assignable cause (no error of diet), resembling (as was remarked) a fresh imbibition of poison germs. Range of temperature quite irregular. Often higher in the morning than at night. Unusually subnormal after the fever left. Three of the cases had a continuous high pulse of 140, which was apparently uninfluenced by stimulants or digitalis. Constipation, was the rule in all six cases, except towards the termination of the two fatal cases. The tongue did not assume the usual appearance to be expected in typhoid. It was always moist and but slightly furred, not brown etc. As to the origin of the disease, no satisfactory local cause was found. It appears that Case 1, took the fever two weeks before the others. They were more or less in his room, helping to nurse him, and strange to say the severity of each case seemed to bear a relation to the amount of contact they had with him.

### REPORT OF A CASE OF HEMORRHAGIC SCARLATINA.\*

BY H. E. KNIPP, M. D.,

Chief of Dermatological Clinic, University of Md.

Ida S. aged 21 years, had a chill on Friday evening November 23, 1888, fol-

lowed by slight fever, Saturday she became better until evening when she had another chill, accompanied by a high fever and profuse uterine hemorrhages, she also said her throat was sore.

Very early Sunday morning she was attacked with vomiting, later in the day she suffered with great pain in the lower part of the abdomen and the blood that came from the uterus came in clots. In the evening she commenced to bleed from the mouth and nose, and had diarrhœa. Patient felt hot and complained of severe headache and ringing noise in the ears. This condition of affairs continued until Monday night when I saw the patient for the first time and found her in the following condition. Her mouth and nose contained blood, there were evidences of uterine hemorrhage and purpura hemorrhagica on the face, neck, chest and extremities. Patient was in a semi-unconscious condition and could only be roused by loud calling, when asked whether or not she had pain, she, after great effort, indicated that her head hurt her. Pulse appeared tolerably strong, temperature 103°F. I ordered a half drachm each of aromatic sulphuric acid and fluid extract of ergot every three hours.

Tuesday morning all the subjective symptoms were aggravated, it was extremely difficult for her to swallow anything on account of the large amount of blood in her mouth and that her tongue was swollen and stiff. As the hemorrhage had not ceased it was determined to give hypodermics of Wyeth's fluid extract of ergot and whiskey of each 30 minims. When I introduced the hypodermic needle into the thigh I saw that there was a characteristic scarlatina eruption, in addition to the purpura hemorrhagica, all over the legs and mid-way of the thighs. This eruption was not there the preceding night. Pulse at the wrist was imperceptible, temperature 103°F.

3 P. M. the hemorrhage had been slightly checked, the eruption extended over the abdomen, but was fading on the legs. She was unconscious but exhibited signs of pain when she was given hypodermics of ergot and whiskey each

\*Read before the Clinical Society of Maryland March 1, 1889.



15 minims. Pulse imperceptible, temperature 105°F.

7.30 P. M. the eruption extended over the chest and neck and was coming on the face, had disappeared from the legs and was fading on the thighs. Pulse at wrist imperceptible, temperature 106°F. About three minutes after removing the thermometer from the axilla the patient's heart stopped beating.

For the history of the case up to Monday midnight I had to depend upon the statements of her mother. In the intervals between my visits I ordered whiskey to be given every 10 or 15 minutes. The patient was a thin anæmic woman, a cigarette maker, and for several months previously had been feeling unwell, though not sick enough to go to bed. Ever since she was sixteen years of age she used to have great pain and lose a large amount of blood at her menstrual periods.

After the diagnosis was made on Tuesday morning, hygienic measures were adopted and chloride of lime was freely used all over the house. Several members of the family suffered with sore throats but none of them have had eruptions on the body up to the present time.

### THE ACTION OF STROPHANTHUS ON THE CIRCULATION.\*

BY J. T. KING, M. D.,  
OF BALTIMORE.

The attention of the medical profession has been directed to strophanthus and its active principle strophanthin, by Professor J. R. Fraser, of Edinburgh, in his very interesting reports published in the British Medical Journal, 1885. In our own city Professor S. C. Chew rightfully claims to have been the first to employ this agent, having secured a small quantity of the tincture prepared by Professor Fraser.

This drug affects directly and immediately the muscles when brought in contact with them though its action

upon the heart muscles is more prompt than upon the voluntary ones, while its effect upon the isolated heart of the frog is the same as upon that of the uninjured animal. Professor Fraser states that 1-20 grain of the extract of the seeds produced in the frog stiffness of limbs, gradual loss of reflex sensibility, arrest of the heart in systole, and after a time, complete loss of voluntary movement, the respiration continuing for a length of time *after the cessation of the heart's beat*.

But one of the most important effects attributed to strophanthus, though not fully established, is its action upon the heart, with little or none upon the blood vessels, unlike digitalis in this respect, which contracts both, a most important consideration from a therapeutic standpoint. For when we consider the fact that strophanthus raises the blood pressure without increasing the resistance offered by narrowing the blood vessels, while experiment has established that digitalis in extremely dilute form when passed through the blood vessels will so contract them as to prevent the passage of fluid, we may readily see how the former excels the latter as a medium of sustaining the circulation of the blood. Professor Drasche, in his experiments upon healthy men, found in 3 hours after about 5 drops of the tincture, a fall of from 8 to 12 beats of the pulse, per minute, after 10 drops, the pulse fell in half hour, 12 to 20 beats; after 20 drops, 30 beats. There was no alteration of respiration but slight fall of temperature. A hypodermic injection of 15 drops of the tincture produced much local irritation, vomiting, copious secretion of urine and a fall of the pulse rate.

In many cases of heart disease, strophanthus increases the action of the kidneys, though it is claimed by some that it does not increase the urinary secretion in a healthy man.

Strophanthus may be used in all conditions where digitalis may be employed. Its action is prompt. Its effects continue from 4 to 6 hours. Its influence is less permanent than that of digitalis and it is not cumulative like the latter. It appears to have special potency in re-

\*Read before the Baltimore Medical Association, February 25th, 1889.

nal disease with secondary failure of the heart.

Professor Emil Pius of Vienna, found that the tincture acted admirably in cases of cardiac failure depending more particularly on vascular disease, and produced the most desirable results when the lesions caused dropsy and there was consequent need of increased renal action. Under the use of strophanthus, the pulse heretofore weak, rapid, irregular or flurried, becomes slower and more powerful while the dropsy steadily decreases. It is eminently a heart tonic and its diuretic properties are of great value.

I will but touch on a few of the many uses to which strophanthus has been applied. Mr. Fenwick of the London Hospital has employed it to control rigors on the theoretical grounds that it increases cardiac power and general blood pressure.

He gives a number of cases of instrumentation where rigors were controlled by this agent.

In degeneration of the heart muscle with small, frequent, irregular pulse, and marked dyspnoea, strophanthus is very effective in relieving the dyspnoea and improved cardiac action follows.

Quinlan of Dublin uses strophanthus in prolonged typhoid fever, with feeble first sound and threatened heart failure.

Its rapidity of action, he says, is extraordinary—the effect usually showing itself in 15 minutes. He regards it as a valuable heart tonic which strengthens rather than stimulates the action.

In anæmia, with functional weakness, in fatty degeneration, while it gives relief, it is fleeting.

In patients in the middle months of pregnancy who suffer from feeble condition of cardiac muscle along with œdema of lower extremities, it is valuable.

In cases of collapse during the production of anæsthesia it gives good results.

In pleurisy and pneumonia it has been employed and gives fully as good results as digitalis.

I have seen no record of its use in delirium tremens but it is rational to think it an agent likely to do good in this disease. I merely allude to these points

but there are many times when your reason would see the need of this agent.

The experiments of Dr. Hermann Haas are somewhat at variance with those of Fraser and others in that he found in 5 hours after use of strophanthus, the pulse 10 to 20 beats slower, the heart quieter and impulse weaker both to eye and finger as well as open hand applied to chest, and he does not believe it increases heart pressure.

I employed strophanthus first in a case of asthma, in an elderly gentleman. The patient had had morphia administered hypodermically in his former attacks and had sent for me to employ the same agent. Upon reaching him, I found the breathing labored, the heart struggling in its work, the face wearing an anxious expression. The pulse was feeble and irregular. He entreated me to use the morphia but fearing the consequence in his case, I declined and expressed a preference to surrender the case rather than use it. I ordered two minims of strophanthus every 4 hours and was gratified in hearing him express great delight with its action upon him. It appeared to give him prompt relief. I say *appeared* because we sometimes have marvelous changes in asthma in a few hours.

In a case of emphysema and dilatation of the heart, the result of a chronic asthma, I employed the tincture of strophanthus to relieve the paroxysms of difficult breathing. Prior to the employment of this agent, my patient, a lady about middle age, had repeatedly lost consciousness during these paroxysms; once being unconscious after walking to church, a distance of two blocks; again in a store, and on numerous occasions after moderate exertion. I ordered five drops of the tincture of strophanthus seeds in a tablespoonful of whiskey to be administered at the approach of a paroxysm. My patient carries the mixture with her, takes the drug as directed and has escaped now more than a year, any serious attacks.

But there is a class of cases in which the effect of this drug, has given most excellent results, namely: Those cases of irritable heart (non-organic) found in dyspeptics and highly nervous persons,



It tones down the heart's action and gives great comfort while we may employ other means to reach the seat of the disorder.

I have under treatment, at this time, a case of pleuro-pneumonia, with feeble heart's action, in which I am giving four drops of the tincture every four hours, and have no reason to regret my course, as my patient is doing remarkably well.

The dose of the tincture of strophanthus is from 5 to 10 minims though larger doses have been given.

The dose of strophanthin is  $\frac{1}{100}$  grain.

### THE INFLUENCE OF STROPHANTHUS ON UTERINE HÆMORRHAGE.\*

BY A. WILLIAMS, M. D.,  
OF ELK RIDGE, MD.

In strophanthus we have one more drug that can be added to the small number that in any degree control the discharge of blood from the uterus. In properly selected cases it has a decided influence to stop and control uterine hæmorrhage. The cases are such as have been very much debilitated from long continued and profuse menstruation, or from loss of blood at other than menstrual periods where the uterus is heavily congested, a condition common to these patients. In these it acts well.

In the treatment of these cases it is essentially important that they be made to lie down or be put in bed to rest, for the best results are not obtainable when the woman is allowed to be about.

I think strophanthus acts through its influence on the general circulation, which is that of a heart stimulant or tonic. Through this action on the feeble circulation, found in these cases, blood stasis and local congestions are removed.

It is best administered in the form of

a tincture or of powdered seed. Of the tincture (strength 1 to 20), 5 to 6 drops, can be given every six hours. Of the powder,  $\frac{1}{4}$  to  $\frac{1}{2}$  grain, at the same intervals, though I have given as much as one grain with satisfactory results.

### ABNORMALITIES AND DISEASES OF THE GENITO-URINARY SYSTEM IN NEGRO WOMEN.

WITH THE REPORT OF A CASE OF

1. SUPERNUMERARY BREAST OR NIPPLE,
2. FIBROID TUMOR OF THE VULVA,
3. SARCOMA OF THE FEMALE URETHRA,
4. MELANOTIC SARCOMA OF THE CERVIX UTERI.

BY GEORGE WOODRUFF JOHNSTON, A.M., M.D.,  
OF WASHINGTON, D. C.

Many of the statements which are encountered in text-books and journal articles relative to the liability of the negro to and his immunity from certain diseases, are, we fear, not founded upon exact or extended observation.

Within a short time, however, through the labors of a few careful investigators—among them, Dr. L. McLane Tiffany, of Baltimore—our fund of information in this regard has been notably increased. Since, in the Hospitals and Out-Door Clinics of many cities of the Southern United States, a large proportion, if not a large majority, of the patients are blacks, it would seem as if he who had the opportunity to study the negro in disease should lose no chance to place upon record the results of his observations, not only for the guidance of the profession, but for the advantage of that large body of scientific men to whom all that pertains to the peculiarities of race is in itself interesting.

With the hope of adding some little to the general fund of information, but more with the idea of suggesting certain lines of inquiry to others, I have for the past three years availed myself of every opportunity to investigate the gynæco-

\*Read before the Baltimore Medical Association, February 25th, 1889.

logical aspect of this question, and such deductions as can fairly be drawn from the study of the negro patients who, during this period, have appeared in my clinic at the Central Dispensary in this city, I will soon have the pleasure to present for comparison and criticism. As a preliminary thereto I desire at this time to record a few cases some of which it is hoped will prove intrinsically interesting.

1. *Supernumerary Breast or Nipple.*—M. D., negro washer-woman, aet. 35, married about 20 years, has had 3 abortions and 9 children at term.

On the right side of the thorax, one inch below the lower border of the right breast and directly in line with the nipple, an accessory nipple is discovered, of normal size and configuration, and surrounded by a narrow but well marked areola. There is beneath it no thickening of the tissues of the chest wall, nor anything to point to the existence of a mamma in this locality. No other mammae or nipples are to be seen on the abdomen, back, other side of the chest, at the vulva, or in the axillæ.

This small protuberance under the right breast was always supposed by the patient to be a mole, and showed no change during the first two pregnancies and periods of lactation. During the third and every other pregnancy and succeeding periods of lactation the accessory nipple became more prominent, the areola around it deepened in color and extended, Montgomery's glands appeared about it, the tissues beneath became swollen and tender, and from it milk was observed to run or could be expressed. When the child was applied to either of the normal breasts this milk flow was markedly increased.

Toward the termination of lactation milk disappeared from the accessory nipple while yet its presence could be noticed in the two normal breasts.

*Remarks.*—As a student of medicine and afterwards as an assistant demonstrator of Anatomy, I had ample opportunity to compare the appearances presented by the bodies of negroes and whites, and I can remember how strongly I was impressed with the greater pre-

ponderance of anomalous conditions—particularly of the vascular and muscular systems—in the negro. During the past three years I have continued this comparative study with special reference to the genitalia in the females of the two races, and my experience in this regard has just been the reverse of what it was formerly, in the dissecting room. So far as my own observation has gone I have failed until now to discover any pronounced abnormality in the genital system of the negroes, although with this special object in mind I have examined more than 2000. This instance of polymastia or polythelia—for it is impossible to say whether a rudimentary gland was present or not—is reported, therefore, not because of any interest that it possesses in itself, but rather because it is the only example of this, or, practically, of any other kind of abnormality that presented itself in this large number of women. I should be grateful to know whether the experience of others is in accordance with my own.

It is to be noted that in the case just detailed there was no activity in the supernumerary breast during the first two pregnancies. This delay was observed in the unique case reported by Neugebauer (*Centralblt. für Gynäkol., Leipzig*, 1886, X, 729), in which the woman had ten breasts in all, and in others elsewhere recorded.

2. *Fibroid Tumor of the Vulva.*—M. W., negro cook, aet. 35, married 14 years, 2 children but no abortions.

A hard, rounded, nodular tumor, the size of large hickory nut, hangs by a pedicle as thick as an ordinary lead pencil, that is attached at the bottom of the groove between the right labium majus and minus, at a point midway between the clitoris and fourchette. The patient could not tell how long this growth had existed, but she had observed that it increased in size during her two pregnancies, and had grown smaller afterward. It caused no symptoms. It was removed and on examination proved to be a fibro-myoma, the fibrous tissue predominating.

This was the first opportunity I had ever had to observe a tumor of this kind



springing from the external genitals.

3. *Sarcoma of the Female Urethra*.—M. M., negro washer-woman, aet. 28, single. Two years ago this patient began to be troubled with increased frequency of micturition, and for the past year this has given place to incontinence of urine, at first observed only when working, but latterly she had lost all control over the bladder, and urine, sometimes stained with blood, dribbles away constantly.

On examination the urethra was found to be widely dilated, and from the meatus there hung a cauliflower-like polypoid tumor of a deep red color, and with here and there superficial spots of ulceration. The pedicle of this tumor, which was found to be attached to the urethral wall about midway between the meatus externus and the neck of the bladder, was divided with a fine wire snare. After the removal of the tumor the urethra was found to be of a calibre almost sufficient to admit of the introduction of the index finger; its mucous lining was of a deeper hue than normal, and was covered with velvety fungoid elevations. The peri-urethral tissues were thickened and indurated. Incontinence persisted for some time after the tumor was removed, and although the urethra slowly diminished in size the tissues around it showed no change.

Two months after the operation there had been, so far as I could ascertain, no return of the disease. The woman then passed from under my observation.

This tumor was examined by Dr. Wm. M. Gray, microscopist of the Army Medical Museum, and his report is herewith appended.

"This specimen is a sac-like tumor, both the inner and outer surface being covered by mucous membrane clothed with squamous epithelium. The wall between the two mucous membranes is composed of a mixed connective tissue, contains a few bands of smooth muscle fiber, but is largely composed of fine fibrous connective tissue. In places the fibres form an alveolar structure holding masses of small round cells, and small epithelioid cells in its reticulum. The blood vessels are all embryonic. The

specimen is not very distinctive, but is undoubtedly sarcomatous."

*Remarks*.—As is well known, sarcoma of the urethra is an extremely rare neoplasm. Winckel, in his exhaustive treatise on the diseases of the bladder and urethra, mentions but one case which was observed by Beigel. An instance of sarcoma of the peri-urethral tissues has recently been reported. (Am. Jour. Med. Sci., Philadelphia 1889, xcl, 215).

4. *Melanotic Sarcoma of the Cervix Uteri*.—M. J., negro cook, aet. 40. married many years, has had 4 abortions and 2 children. Menstruation began at 13, occurs every 4 weeks, lasts 2 to 4 days, quantity normal, no leucorrhea. Examination showed the uterus to be small, hard, retroverted and retroposed. A polypus, pear shaped, three quarters of an inch in diameter at its widest point, hung in the vagina by a pedicle as thick as a lead pencil and  $1\frac{1}{2}$  inches long, which was attached to the upper margin of the cervical canal a short distance above the os externum. On cutting through this pedicle with scissors an artery of considerable size was divided, and, as the attached portion of the stalk disappeared within the canal, considerable difficulty was experienced in controlling the hemorrhage. The Portio was however transfixed with a needle and a wire suture drawn through and twisted so as to constrict the bleeding vessel. This was removed in 36 hours. After the microscopical diagnosis had been made a vain attempt was made to find the patient in order that she might be examined from time to time to ascertain whether or not the disease returned.

The tumor as already stated was pear-shaped with a smooth glistening outer surface, it was hollow and contained about half a drachm of greenish yellow fluid.

Dr. Gray examined this specimen microscopically and reports that "the outer surface is covered by a squamous epithelial mucous membrane, the central cavity being lined by a ciliated columnar epithelium. The mass of the tumor is composed of large spindle cells and very delicate connective tissue fibres, which in places form alveoli containing small

round cells whose protoplasm is entirely obscured by pigment. In the neighborhood of the alveolar structure the blood vessels are in an embryonic state, in other places better developed, but nowhere are seen any perfectly formed blood vessels. The tumor also exhibits a tendency to cystic degeneration, several of these cysts are lined by columnar epithelium and the cavities filled by a finely granular mass containing a few epithelial cells. I would designate the specimen as one of melanotic alveolar sarcoma or of endothelial cancer undergoing cystic degeneration."

1704 Rhode Island Avenue.

### Society Reports.

## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING MARCH 1st, 1889.

The 223d meeting of the Clinical Society of Maryland, was called to order by the President DR. GEORGE H. ROHÉ, in the chair.

*Dr. J. B. Saunders* was elected a member of the Society.

*Dr. Herbert Harlan* read a paper on

#### ANTISEPTICS IN EYE SURGERY.

(See page 406.)

*Dr. Hiram Woods* said in discussing the paper that it might be interesting to some present to know the methods adopted in the use of antiseptics by some of their more extreme advocates. Dr. Knapp never operates on a patient the first day he sees it and on the morning of the operation he has his face washed two or three times very thoroughly. The eye-lashes are specially looked after; for here he claims the germs are most often present. He then described in detail his (Dr. Knapp's) method of using the antiseptics and said, perhaps, his results are a little better than those obtained by most surgeons, but how much is due to antiseptics he did not know. He referred to Dr. Harlan's mention of

silver nitrate as classed with the antiseptics and said that he did not think that it was usually put along with that class of agents.

*Dr. W. H. Norris* said that he did not arise to discuss the paper, but to ask for information. He desired to know what sort of treatment the doctor would use in oyster-shell corneitis?

*Dr. Herbert Harlan* said that he did not class that trouble as one calling for the use of antiseptics and in a paper he had written some time ago bearing on that point he expressed the view that eserine gr. j.—5j. was the best remedy to employ. In reference to nitrate of silver, he mentioned it not as an antiseptic proper, but he did not feel justified in leaving it out entirely for he recognized it as one of the best remedies that can be employed in some conditions.

*Dr. George J. Preston* read a very interesting paper on

#### THE DIAGNOSTIC SIGNIFICANCE OF TREMOR.

*Dr. I. E. Atkinson* read the

#### REPORT OF A CASE OF EXTREME IDIOPATHIC ANÆMIA.

He gave very clearly the history and condition of his patient and being unable to trace it to any decided origin; he asked if there is a condition which can be classed as an idiopathic anæmia?

*Dr. J. G. Wiltshire* said whilst we are warranted in dividing anæmia into primary and secondary forms of the disease, and in believing they differ in ætiology and pathology, yet when we come to study them clinically one is often put to his wits to differentiate one from the other. Whether it be simple primary or idiopathic, chlorosis, or progressive pernicious anæmia, we must recognize the fact that there is absolute loss of the volume of the blood, the essential element of which being reduction of the number of the red corpuscles; but we must not rest on the idea that this retardation of the function of the blood is entirely due to a quantitative and qualitative diminution of the corpuscles; to the contrary diminution of



the serum albumen, whether associated with reduction in the number of red corpuscles, or exists, as a sole factor in the pathology of anæmia, will give rise to a form of the disease equally as pernicious as when the red corpuscles are alone deficient. In hypalbuminosis the red corpuscles lose their viscosity, thereby retarding the capillary circulation of corpuscles rich in oxygen, but poor in power to yield their treasures to the tissues. Added to this it is hinted that we may have contracted arteries, and a weak heart, all conspiring to produce pallor of the cheeks and other symptoms characteristic of anæmia. In treating such cases it is my rule to withhold tea and coffee, these tending to retard digestion, giving milk instead, enjoining methodic exercise in the open air, order the best food, vegetable and ferruginous tonics, improvised sea bath, cod liver oil by inunction, and galvanism.

*Dr. J. W. Chambers* said that in the consideration of the different causes of anæmia we find that it results from malarial poisoning, etc. Why would it not be reasonable to suppose that it could result from chronic alcoholism just as well? Then we could thoroughly explain the conditions in *Dr. Atkinson's* case and call it alcoholic anæmia. He could readily understand the condition of chlorosis where the trouble arises in young girls and persists in spite of good food, clothing and comfortable surroundings which we so often see, but in a case like the one described, he strongly suspected that his surroundings and habits had much to do with causing his disease.

*Dr. George H. Rohé* said that he had seen the case described by *Dr. Atkinson*, and the heart murmurs to which he referred had entirely disappeared and all that remained was a weakened impulse. He called to mind another case that he had seen at Bay View about two years ago. The patient was a sailor and suffered with an ulcer on his leg, which was thought to be specific. He was extremely anæmic and was put on iron, good food, etc., but improvement was very slow. In consequence of this he began to suspect that possibly his anæmia was due

to some intestinal parasite. but an examination to that end revealed nothing. He subsequently passed out of his hands and finally recovered from the use of *Vallet's* mass.

*Dr. I. E. Atkinson* said that he quite agreed with *Dr. Chambers* in reference to his remarks as being a possibility. He adapted the term idiopathic anæmia more from a clinical standpoint and simply raised the question as to whether or not there is an idiopathic anæmia?

*Dr. Henry E. Knipp* read the

#### REPORT OF A CASE OF HEMORRHAGIC SCARLATINA.

(See page 423.)

*Dr. J. H. Smith* exhibited

#### TWO KIDNEYS WITH DOUBLE URETERS.

*Dr. J. W. Chambers* said that these specimens were very interesting from a surgical standpoint and for that reason they should be kept in mind when operations are being done on that organ.

W. J. JONES, M. D.,  
Recording Sec'y.

#### BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD FEB. 25, 1889.

*Dr. A. Williams* read a paper on

#### THE INFLUENCE OF STROPHANTHUS ON UTERINE HEMORRHAGE.

(See page 426.)

*Dr. J. T. King* then read a paper entitled

#### THE ACTION OF STROPHANTHUS ON THE CIRCULATION.

(See page 424.)

*Dr. S. C. Chew* said the preparation which he first used was a tincture, given him by *Dr. Wm. T. Howard* to whom it was presented by *Dr. Fraser*,

as a specimen made by himself. This he tested with satisfactory results on a patient in the Hospital of the University of Maryland. (See case reported in *Medical Record*, May 7, 1887).

If the conclusions of Dr. Williams are correct we have another valuable use of the drug.

In strophanthus we have an agent synergistic with digitalis in its action on the heart. In conditions tending to venous stasis strophanthus is probably more potent than digitalis, since its action is not counterbalanced, like the latter's, by obstruction in the arterioles.

Some have claimed that it contracts the arterioles and hence has no advantages over digitalis.

Later authorities seem to sustain Fraser's position. The same battle was fought over digitalis. He believes that the action of strophanthus as a heart tonic has been established. He usually begins with digitalis, but if no good results are obtained, uses strophanthus. In dilatation of the right heart it does good by energizing the right auricle and ventricle. He thinks failures may sometimes be due to not gathering the seeds at the right time. He had observed no cumulative effect.

Some of the seeds and some of the original tincture made by Fraser, were exhibited.

*Dr. S. T. Earle* said he began using it with a case, giving two minims at a dose and now has had to increase it, getting up to 3 ii daily, after failing with digitalis. He had been using it for eighteen months with good results. Sometimes it causes a slight irritation of stomach.

*Dr. J. W. Kremien* said he had used it with good results with a case that did not do well with other remedies.

*Dr. T. W. Kay* said the Academy of Medicine of Paris, had come to the same conclusions as Dr. Chew. He heard Dr. Sée express the opinion that the increased urination caused by it is due to a nephritis set up by the drug.

*Dr. George H. Rohé* said it is generally accepted among pharmacologists that the so-called cumulative effect of digitalis is due to the extreme contrac-

tion of the smaller blood-vessels in the kidneys, in consequence of which the excretion of the drug through the urine is diminished. If strophanthus be free from this objection so frequently urged against digitalis, this clinical fact would corroborate the claims of Prof. Fraser that strophanthus does not contract the arterioles but acts as a pure heart strengthener.

He asked whether the patient referred to by Prof. Chew, in whom an attack of vomiting quieted the excessively rapid action of the heart, might not have dilatation of the stomach. The relief secured by vomiting might, in this event, be explained by the removal of the pressure from the under surface of the diaphragm as is sometimes seen where palpitation is caused by overloading the stomach and relieved by an emetic.

*Dr. S. C. Chew* said there was no dilatation—but purely a neurotic condition.

*Dr. John D. Blake* asked Dr. Chew if he had had any experience with the cumulative effect of digitalis. He has used it in various ways, but never noticed such an effect. He has seen it act as a diuretic, and in large doses increase diuresis, but has seen no evidence of cumulative effect.

*Dr. Chew*, in answer to the several inquiries, said he had long ago considered "the cumulative effect of digitalis" as to a great degree a medical myth.

*Dr. J. L. Ingle* said he was rather timid at first with digitalis from what the books said of its cumulative effects. He has never seen any. His experience with strophanthus has not been very satisfactory. In two cases it caused some gastric disturbance and vomiting. In both of these he has had to withdraw it and go back to digitalis.

*Dr. E. M. Reid* had a case of chronic interstitial nephritis in which he had been giving digitalis without sufficient result for a long time. He tried strophanthus with the effect of softening the pulse, but after using it for a month found it was not doing good, so he went back to digitalis. Just what caused a tic douloureux at the time, he could not say but the digitalis by eliminating the



urea seemed to cure it. A peculiarity of the case was that it was only while under the influence of the drug, that she was free from neuralgic pains.

HENRY B. GWYNN, M.D.,  
Recording and Reporting Secretary,  
1837 W. Lexington Street.

THE TANNIN TREATMENT OF PHTHISIS IN BRUSSELS.—Dr. E. Houzé of the Hospital St. Jean, Brussels, after having tried the tannin treatment on all his phthical patients for the last year and eight months, states as the result of his observations that it gives excellent results in all stages of the disease, and especially in the condition where cavities exist. Indeed, he has no hesitation in declaring that of all the different kinds of treatment for phthisis which he has tried this has given by far the most encouraging results. The dose he employs ordinarily is fifteen grains, which quantity is taken three times a day. It is, a rule, well borne: where this is not so, it is ordered to be taken with meals. After the first few days the expectoration and the sweats diminish, the cough decreases, and in many cases the appetite undergoes a marked improvement. The majority of the patients suffered from some slight degree of constipation, though in some this feature was sufficiently marked to require treatment; while others, again, suffered from diarrhœa. The character of the expectoration changed for the better, the sputa becoming white and frothy instead of green and firm. In some cases the diminution was followed by increased dryness of the cough, so that the patients complained that it fatigued them more; this was easily remedied by prescribing a few spoonfuls of syrup of codeia. The physical signs underwent a remarkable change for the better, at least those depending on auscultation, moist râles giving place to dry rhonchi, and large gurgling râles decreasing progressively until they gave place to mere blowing respiration. These changes were evidently due to the drying up of the cavities, in consequence of which the hectic present in

many of the cases vanished, the patients increasing considerably in weight and gaining strength in a remarkable manner. The percussion signs were not found to undergo so marked a change as those dependent on auscultation, but even here some improvement could be detected. No bacteriological observations were made.—*Lancet*.

ANTIPYRIN IN LABOUR.—Dr. Ermanno Pinzani recently made a communication to the Societa Medico-Chirurgica di Bologna, in which he gave an account of some experiments he had made with the view of ascertaining the effect of antipyrin on the strength of the uterine contractions in labour. Two series of experiments were made. In five cases he simply kept his hand on the woman's abdomen for some hours, and noted the condition of the uterus before and after the administration of the drug. In eight other cases (on which he made in all twenty-three experiments) he passed an india-rubber ball, first disinfected, and then filled with a watery solution of corrosive sublimate, into the uterus; this he connected with a manometer, which gave him an accurate gauge of the pressure exerted by uterine contractions on the fluid in the ball. Dr. Pinzani was careful to exclude irritation of the uterus by the foreign body as a source of fallacy by previously warming the fluid in the ball to the temperature of the body, and by waiting for some time after its introduction before making observations. In the first set of experiments, 3-gramme doses of antipyrin were given by the mouth; in the second, the doses were from 1 to 2 grammes. Dr. Pinzani came to the conclusion that antipyrin relieves the pains of labour simply by lessening the force of the uterine contractions. The effect of the drug showed itself in about two hours after hypodermic injection, and four or five after administration by the mouth. He noticed that infants suckled by women who had had antipyrin given them during labour were apt to suffer from diarrhœa. Dr. Pinzani's verdict is, therefore, decidedly against the use of antipyrin in midwifery practice.—*British Medical Journal*.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, MARCH 30, 1889.

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As the subscription of the Maryland Medical Journal to a large number of its subscribers begins at this time, bills will be mailed to those subscribers, who are respectfully requested as far as possible to remit promptly.

Editorial.

THE CURETTE IN PUERPERAL ENDO-METRITIS.—The subject of operative interference in midwifery is one which the conscientious obstetrician approaches with caution. Cases of puerperal fever offer no exception to this rule, for they differ so in their origin of the sepsis as well as the intensity of the disease that the rash or unskillful operator is apt to do more harm than good. In the *New York Medical Journal*, February 16th, 1889, Dr. Grandin treats of the use of the curette for the removal of poisonous debris from the cavity and the walls of the uterus after labor. If perfect asepsis of the parturient, her surroundings and her attendants were enforced, if sufficient patience were exercised with the physiological course of the labor, if thorough emptying of the uterus and proper contraction of that organ were secured, the occurrence of puerperal endometritis would be, if not prevented entirely, at least rendered very infrequent. His own method is as follows: when fetor of the

lochia appears, he orders a thorough vaginal douche of boiled water, or of some antiseptic solution, which will cause the fetor to disappear if it is due to decomposition of matter, say a blood clot, in the vagina. If, after a few hours the fetor reappears, he gives—with his own hands—at once an intra-uterine douche to remove any loose debris or clots from the uterus. If the fetor reappears, in spite of this intra-uterine douche believing that the time for active treatment has come, he determines bi-manually the position of the uterus, then places the patient in Sims' position, inserts the speculum, hooks a tenaculum into the anterior lip of the cervix to steady the uterus, inserts a dull curette curved properly, and gently but thoroughly scrapes every portion of the endometrium. He then turns the patient on her back, inserts the uterine tube and washes out the cavity. He has in no case found it necessary to repeat the curetting. He believes that with the curette, one may not only cleanse the uterus much more quickly than by repeated douchings, but may remove poisonous matter which the douche will not remove, and at times prevent serious infection.

THE EARLY RECOGNITION OF CANCER OF THE CERVIX UTERI.—Impressed by the frequent complaint of patients in the New York Cancer Hospital that their attending physicians never told them that anything serious was the matter until their condition had become hopeless, and convinced that general practitioners need to be taught that the successful treatment of uterine cancer depends on their early recognition of its presence, Dr. Coe gives in the *Medical News*, February 16th, 1889, the result of his observations upon this subject, attempting to combat certain fallacies which are generally accepted and to point out certain reliable points in the early diagnosis of the disease. Over one-fifth of the recorded cases occur in patients under 40 years of age. The disease may reach an advanced stage



without producing cachexia. Many, in fact most, of the patients at the hospital, have been singularly free from pain, which, when it does occur, is a later symptom due to peritonitis. Profuse foul watery discharge is not always present, even when there is extensive ulceration. Slight, irregular hæmorrhages, occurring *after coitus* or in the intermenstrual period, should arrest attention, as they frequently result from incipient cancer. Premature climacteric hæmorrhages (between thirty-five and forty) are usually pathological. In all cases in which a patient over forty years of age seeks advice with symptoms (specially hæmorrhage) referable to the pelvis, a careful examination should be made. The pain attending incipient epithelioma may be sharp, or merely a dull backache, or a neuralgia of adjacent nerve trunks, as the sciatic. Hypertrophy and general induration of the cervix, accompanying an erosion which bleeds easily when touched, should lead the physician to excise a generous wedge of the suspected tissue, including both the mucous membrane and the subjacent muscular tissue, and to submit this to microscopic examination. Excision of the cervix should be performed in every case of extensive erosion with general induration, whether cancer has actually developed or not.

### Miscellany.

**DERMOID CYSTS OF THE INTERMAXILLARY CLEFT.**—M. Lannelongue has recently described cases of this rare pathological condition. The cleft is formed by a bifurcation of the first branchial arch forming the maxillary process, but the bones developed in these secondary arches do not naturally unite, hence the inclusion of the integument so common at the of the site fronto-maxillary cleft is almost unknown in the maxillary region. M. Verneuil has described a case where, in a young woman, aged 25, a tumour projected under the skin in front of the masseteric region and into the mouth.

It was taken for osteitis of the superior maxilla. After two or three months' treatment, a lock of hair was brought away from the interior of this tumour, which was removed. The tumour was then found to be made up of a main and true dermoid cyst, with smaller cysts, which M. Lannelongue held to be mucoid. That observer has seen two similar cases. One was congenital in a man, aged 29. It was of the size of a nut, and lay just in front of the masseter. The second case was that of a girl, aged 18; a tumour which had been observed for eight months, lay about half an inch from the inner aspect of the cheek. No doubt certain cases where supposed sebaceous cysts have been laid open through the buccal mucous membrane, much foetid discharge resulting, were examples of congenital dermoid cysts of this class. The hairs may be short and fine, as is frequent in the far more common congenital dermoid of the orbit.—*British Med. Journal.*

**PHENACETINE AND ANTIPYRINE.**—Prof. Masius of Liège has communicated to the Belgian Academy of Medicine the results of a somewhat extended trial of phenacetine which he has been making in his wards during several months past. In fevers of all sorts a reduction of temperature could generally be obtained by suitable doses; usually a dose of from fifty to seventy-five centigrammes was sufficient for this purpose; it was found that the same effect could not be produced by smaller quantities, even when given repeatedly. Two grammes during the twenty-four hours sufficed to keep the temperature down. The patients said that they felt a great deal better as the temperature fell; the pulse, too, became slower and stronger, and appetite and sleep returned under the influence of the drug. M. Masius also employed phenacetine as an analgesic not only in rheumatic, but in various other cases with considerable effect. He did not, however, find that in this respect it was equal to antipyrine. It has been claimed for phenacetine that it has several advantages over antipyrine, such as more rapid action and an absence of disagree-

able secondary effects, but according to the experience of M. Masius, though it is true that the lowering of temperature is more rapid than with antipyrine, it is of much shorter duration, besides which there is a liability to the occurrence of rigors and cyanosis, and neither its antithermic nor its analgesic action is so well marked as that of antipyrine. It has certainly the advantage of not disordering the digestion and of being cheap.—*Lancet*.

**A NEW TREATMENT OF ANEURYSM.**—Our Glasgow correspondent sent us last week a short account of a demonstration by Dr. Macewen of a new method of treating aneurysms. Needles are passed into the sac in such a way as just to touch the lining of the opposite wall. The oscillation of the needles causes a succession of fine scratches "on the inner surfaces of the endothelium, irritating it slightly and leading to the proliferation of leucocytes," which develop into a white fibrous mass. It is certainly difficult and probably unsafe to criticise a method of treatment without a knowledge of all the details, which were no doubt forthcoming at the meeting at which the demonstration was made. For example, we do not know if this method has been tried in the human subject, and whether the results have been submitted to careful examination. But, judging from the brief account quoted from, this method does not commend itself to us. We cannot think that it is based on right principles. Of course we need not say that in aneurysms coming under a surgeon's notice there is no endothelial lining of the sac, and that the majority of cases there is more or less blood clot or laminated fibrin. We can quite imagine that the scratching of the needles might be useful in starting fresh coagulation, and so leading to the consolidation of the aneurysm. But it would require enormously strong evidence to prove that proliferating leucocytes could organise into a firm mass of connective tissue amid the tumultuous flow in a large aneurysm. An it also seems clear that the layers of laminated fibrin within the true sac of an aneurysm are a

very serious obstacle to organisation of any material within them. Other practical objections to this plan of treatment are the possibility of causing ulceration of the sac or acute inflammation of the surrounding tissues, and also the difficulty of adjusting the needles with sufficient precision.—*Lancet*.

**BENEFICIAL EFFECTS FOLLOWING ARSENIC POISONING.**—A remarkable instance in which beneficial effects followed a poisonous dose of arsenic is published by a Hungarian practitioner in the *Gyógyászat*. The patient was an excessively backward and delicate child, who, though two and a half years of age, had only recently learned to walk, and that very badly. He was also able to talk very little, and was of a very unsociable disposition. About the age mentioned incontinence first of urine and then of fæces came on, and though all kinds of remedies were tried, the cold water treatment included, nothing appeared to produce any effect. By some accident the child got hold of some rat poison, the chief ingredient of which was arsenic, and swallowed enough to produce serious toxic symptoms, which lasted for five days. As soon, however, as these symptoms passed off, Dr. Herz was much astonished to find that an improvement little less than magical had occurred in the child. His dirty propensities ceased, he easily learned new words, and was ready to make friends with anybody.—*Lancet*.

**THE HYDROFLUORIC ACID TREATMENT OF PHTHISIS.**—In a paper read before the Buda-Pesth Medical Society a short time since, Dr. Ludwig Polyák gave an account of some trials he has been making of the hydrofluoric acid treatment of phthisis. Care was taken to eliminate as far as possible the disturbing influence of climate by selecting only patients who had been for some considerable time in Görbersdorf, where the investigation was carried out. Again, all the five cases treated were in a tolerably stationary condition, but none were taken in which tubercle bacilli were not distinctly present in the sputa. Altogether, each pa-



tient was given from forty-five to fifty inhalations. At first, only fifty litres of impregnated air per patient were admitted into the room during the sitting of an hour's duration. This amount was gradually increased until during the latter sittings as much as five or six hundred litres per patient were admitted. The subjective sensations seem to have been very disagreeable for all the patients complained of a smarting sensation in the eyes, the nose, the pharynx, and the chest, which last is described as a somewhat severe pain. The cough and expectoration also increased, and in more than one case hæmorrhages occurred. Again, all the patients complained of headache and loss of sleep. The physical results were as follows. In every case the bacilli increased and the condition of the lungs became worse; in four cases the body weight decreased from half a kilogramme to three kilogrammes, increasing only half a kilogramme in one case, where, however, the other symptoms had undergone a change for the worse; in three cases the exacerbations of temperature increased to a very marked extent: in four cases the vital capacity diminished; and in the remaining case, though it increased a little, the infiltration of the lung augmented very decidedly. From the above it would appear that, so far from exercising any beneficial influence on the disease, the inhalation of hydrofluoric acid proved hurtful in every one of the five cases in which it was tried.

INTERNATIONAL CONGRESS OF DERMATOLOGY AND SYPHILOGRAPHY.—An International Congress of Dermatology and Syphilography is announced to take place in Paris in connection with the Universal International Exhibition of 1889 on August 5th to 10th. It will take place in the Museum of the Hôpital Saint Louis. The presidents are Dr. Ricord and Professor Hardy. Dr. Colcott Fox and Mr. Malcolm Morris are secretaries for London; Dr. Feulard, Chef de Clinique de la Faculté à l'Hôpital Saint Louis, is the general Secretary. The subscription is 25 francs, which entitles to the volume of reports of the Congress.

The subjects arranged for discussion are (A) the constitution of the group lichen: (1) Should the denomination of lichen be preserved for a number of affections which modern authors consider to differ one from the other? (2) If not, which affection should be separated; and if a new group of lichens be constituted, what forms should be admitted into it? (B) Pityriasis rubra and generalised primary exfoliating dermatitis: (1) What are the characters proper to pityriasis rubra, and how should those various types be distinguished? (2) Is pityriasis rubra pilaris a species of pityriasis rubra or a special affection, or a variety of psoriasis? (3) What are the relations between scarlatiniform erythema and generalised primary exfoliating dermatitis? Other questions relate to pemphigus trichophytic dermatoses, the treatment of syphilis, and the relative frequency of tertiary syphilis. Suggestions are also made as to voluntary papers. Members proposing to take part in the Congress and send communications are requested to communicate with the Secretary before May 15th, and to forward a brief summary of their papers. The summary will be printed *in extenso* or in part in the general programme, which will be distributed before the opening of the Congress. This programme, which will be issued at the beginning of the month of July, will contain the names of members who have forwarded their admission before May 15th, the order in which they are down to speak on the subjects announced, the order of the day, and promised communications,—*Lancet*.

THE CURE OF TUBERCULOSIS.—M. Jules Lebaudy, a wealthy manufacturer of Paris, has recently, on the advice of his physician Dr. Paquelin, subscribed 10,000 francs to a fund for the encouragement of studies on the cure of tuberculosis. The total amount subscribed on February 15, was 74,656 francs (\$14,931). If, says the *Gazette Médicale de Paris*, the millionaires, who are not very rare, would follow this example, the near future would see scientific researches and their practical application for the good of humanity.

**CARDIO-VASCULAR NUTRITION AND SUDDEN DEATH.**—A reprint from the *Practitioner* on "Cardio-Vascular Nutrition and its relation to Sudden Death," by Dr. F. W. Mott, lecturer on physiology and medical registrar to Charing-cross Hospital, is an able contribution to a most important practical subject. A striking analogy is held to exist between degenerative changes in the aorta and those effecting the heart. Both result from imperfect nutrition, induced by overwork and inadequate blood-supply, and this whether brought about by periarteritis or by endarteritis of the coronary vessels. The subendothelial structures suffer first, both in the aorta and coronary arteries. The disturbance of the circulation in the vasa vasorum produced by syphilis and Bright's disease is the source of the changes in the arterial wall. The real explanation of the cardiac degeneration is to be found in the fact that the valvular lesion is merely a part of a general degenerative process of the cardio-vascular system. The coronary arteries are found to be sclerosed just as the valves are, or else some other cause ought to be detected to account for the failure of the nutrition of the heart's substance. Dr. Mott has, in all cases of atheroma, found inflammation around the small vessels of the sheath and the vasa vasorum. In one instance minute gummata were discovered. It is easy to believe that, just as the most remote parts of the heart undergo fatty degeneration from failing nutrition, the subendothelial layer of the inner coat will be the first to suffer from the effects of malnutrition when there is periarteritis of the vasa vasorum.—*Lancet*.

**A METHOD OF USING WITH EASE OBJECTIVES OF SHORTEST WORKING DISTANCE IN THE CLINICAL STUDY OF BACTERIA.**—The working distance of homogeneous immersion objectives of short focus and great numerical aperture is little. In the clinical study of bacteria, sputa and other more or less fluid material are generally prepared on the under surface of cover-glasses, commonly, when not measured and assorted, so thick as to make examination with above most suitable objective impossible.

To avoid this difficulty I dry and stain the material on the slide, drop homogeneous immersion fluid upon the preparation and lower the objective into the drop. Homogeneous fluid replaces the cover-glass with optical propriety.

A twenty-fifth, which has been nearly useless over ordinary cover-glass preparations, is now used with gratifying freedom in manipulation over uncovered, but homogeneously immersed, slide preparations.—*A. Clifford Mercer, M. D., F. R. M. S., in Microscope for February 1889.*

**NEGLECT OF CLINICAL TEACHING.**—Dr. Wm. Osler, in a letter to *The Journal* says:—Allow me to make one remark on the question of bed-side teaching, with which you dealt so fully and so well in your editorial of the 9th inst. The difficulty lies entirely in the short three-session course. The students, teachers and patients are here, and there is no reason whatever why Philadelphia, New York, Boston, Baltimore, Chicago, St. Louis and Cincinnati should not have clinical teaching just as thorough, and just as systematic as is given to-day in Edinburgh, or on this continent, in Montreal. Large classes, in large cities with ample hospital facilities, can be perfectly well managed. The lack of a fourth year is the only a obstacle.

**STATISTICS OF ABDOMINAL AND PELVIC SURGERY.**—M. Péan, in presenting to the Academy of Medicine the sixth volume of his Clinical surgery (St. Louis Hospital), said that the third part contained statistics of 182 gastrotomies performed by him, from Jan. 11th to Dec. 31st, 1886, which brings up to a total of 945 such operations from 1864 to 1888. Of these 182 operations, 71 were for the removal of tumours of the ovaries, tubes, and broad ligament (68 by abdominal and 3 by vaginal operation), and only one of these failed; 90 for uterine tumours—23 hypogastric (3 deaths), and 67 vaginal (1 death). The remainder were distributed as follows:—For tumour of mesentery, 1 (fatal); of peritoneum, 4 (1 death); of intestine, 1; of abdominal wall, 1; of kidney, 4 (1 death); of liver, 2; of pelvis, 7 (3 deaths); of iliac fossa,



1 (fatal). Thus there was a gross total of 170 successful and 12 unsuccessful operations.—*Lancet*.

A NEW HYPNOTIC.—Signor Gustavo Poppi, a medical student of Bologna, recently described to the Medico-Chirurgical Society of that city the effects of a new hypnotic, which he proposes to call "uralium." This substance is produced by the combination of chloral hydrate with urethan. From experiments on animals and on the human subject, Signor Poppi concludes that uralium induces sleep more quickly and more certainly than any other known hypnotic. He says that it causes no alteration of the blood-pressure, nor bad effects of any kind. Uralium has been given in various cases of heart disease, in insanity, hysteria, and other nervous complaints, and always with the best results, even when other hypnotics had failed. Without throwing the least doubt on Signor Poppi's good faith, we may perhaps be allowed to hint that experienced practitioners will recognize in his enthusiastic account of his discovery the familiar trumpet-blast, that heralds the first appearance of so many new remedies, "which have their day and cease to be," or which, at any rate, soon lose their title to therapeutic infallibility.—*Brit. Med. Journal*.

DIAGNOSIS OF PERICARDITIS.—M. Puis of Vienna (cited in *La France Médicale*, No. 27) has drawn attention to the presence in pericarditis (with effusion?) of a limited strip of dulness posteriorly extending from two fingers' breadth above the angle of the scapula to two fingers' breadth below the inferior border of the lung, and limited by the spinal column on the right. Bronchial breathing, bronchophony, and increased vocal vibration occur over this area. But when the patient is in the prone or knee-elbow position, the dulness is replaced by a tympanitic note, the bronchial breathing disappears, and friction becomes audible.—*Lancet*.

ANTIPYRIN IN SCIATICA.—Dr. Gabriel Covarrúbias, of Limache, reports a case

in which he cured sciatica with antipyrin. The patient had been confined to his bed for two months, and was unable to move his left leg. The hip-joint was so painful that the gentlest examination with the fingers could scarcely be borne. The slightest pressure over the gluteal, sciatic, and trochanteric regions made the patient cry out with pain. Sleep had been impossible for some nights, and there was considerable wasting. The severity of the symptoms coupled with the fact that there was a slight rise of temperature every evening, led Dr. Covarrúbias to suspect the existence of an iliac abscess; an exploratory puncture was therefore made, with a negative result. Sciatica having then been diagnosed, injections of morphine in the affected part, anodyne applications, general anti-rheumatic treatment, salicylate of soda, iodide of potassium, sulphate of quinine, tincture of gelsemium, bromide of potassium, etc., all were tried without the least effect. Tonic treatment with iodide of iron, cod-liver oil, etc., proved equally futile. Antipyrin was then given in doses of 50 centigrammes, with an equal quantity of quinine, three times a day. The day after this treatment was begun the patient wished to get up; the pain had ceased, and he could move the affected limb quite freely. Ten days afterwards he left the hospital completely cured, and having gained considerably in weight.—*British Med. Journal*.

THE INFERIORITY OF THE LEFT SIDE OF THE BODY.—Dr. Henry Duchenne has drawn up a list of the disorders which especially affect the left half of the body, and concludes therefrom that it possesses a biological inferiority to the right. He says obliterating arteritis affects the left Sylvian artery oftener; Tubercle affects the left lung oftener; calculous nephritis and renal cysts the left kidney; ovaritis the left ovary; orchitis the left testicle; varicocele the left spermatic veins; neuralgia; chorea, hysterical anæsthesia, the left side; cancer of the breast the left mamma.—*Medical Record*.

**THE DIAGNOSIS OF HERNIA.**—Dr. Multanovski suggests the addition of a new diagnostic sign to the classical method of diagnosing abdominal hernia. Having made observations on 152 cases of hernia in Professor Bogdanovski's wards, he states that in all these, when the finger was passed up into the abdomen, a more or less tightly stretched strap-like band could be detected connecting the contents of the sac with those of the abdomen.—*Lancet*.

**CREASOTE WITH COD-LIVER OIL AND SACCHARIN.**—Dr. Seitz gives the following formula in the *Therap. Monatshefte*, 1889, No. 48:—

Creasote . . .	2.5 parts,
Cod-liver oil . . .	200 “
Saccharin . . .	1 “

Dose: A tea to tablespoonful, 1 to 3 times daily for adults; for children the amount of creasote should be less.—*Med. & Surgical Reporter*.

## WASHINGTON NEWS AND COMMENT.

**TRAINING SCHOOL FOR NURSES.**—The Garfield Memorial Hospital has organized a Training School for Nurses and is prepared to receive a limited number of pupils on probation. Circulars may be obtained by applying to the Superintendent of Nurses, Garfield Memorial Hospital, Washington, D. C.

**MEDICAL DEPARTMENT OF THE UNIVERSITY OF GEORGETOWN.**—The course upon special branches will commence on Monday, April 1st, at 8 o'clock P. M., at the College Building, on H street, between 9th and 10th.

The introductory address will be given by Professor I. W. Blackburn. Subject: "The Microscope in Medicine." The medical profession and the public are invited to attend. For further information apply to

G. L. MAGRUDER, M. D., Dean,  
815 Vermont avenue.

The Annual Commencement of the National Medical College was held at Albough's Opera House on Thursday, March 21st, at 2 P. M. There were 20 graduates. The address to the graduates was delivered by Professor Theobald Smith, and the valedictory by Dr. Fred. K. Swett. Dr. Samuel R. Means was awarded the prize for general proficiency, and Dr. J. B. Nuñez that for clinical work in hospital.

The Spring course of lectures on special subjects at the National Medical College opens on Monday, April 1st.

A course of practical instruction in gynecology, designed especially for the general practitioner, will be given by Dr. George Woodruff Johnston at the Central Dispensary and Emergency Hospital, beginning April 1st, 1889.

## Medical Items.

Dr. Charles H. Mitchell, of Hampden is quite ill.

Dr. H. C. Ohle, was married this week to Miss Mary B. Cameron, all of this city.

Professor Victor Babes has decided to resign his chair, at Buda-Pesth, with the intention of remaining in Roumania.

Dr. Summerfield B. Bond, has returned to the city permanently and has opened an office at 202 W. Franklin Street.

The Maryland College of Pharmacy held its 37th annual commencement last Wednesday night, seventy-one were graduated.

The Western North Carolina Medical College, it is said, is the name of a new medical college to be established in Asheville.

The Metropolitan Sanitary Commission of Buda-Pesth has decided to establish a bacteriological institute in that city.

The University of Pennsylvania is discussing the extension of its medical course from three to four years.

Dr. Daniel Ayres, of Brooklyn, has presented the Hoagland Laboratory with \$10,000 to aid its work.

Dr. J. Clarke Brawley, has been elected resident physician at the Baltimore University Hospital, succeeding Dr. A. A. Hoopman,



Dr. Gowers has resigned his position of Assistant Professor of Clinical Medicine at the University College, London.

At the Quarantine Conference held at Montgomery, Alabama, Dr. W. C. Van Bibber, of this city, read a paper on "The Quarantine of the Future."

Professor Richard Gscheidlen, of Breslau, the well-known physiological chemist, died suddenly on March 4th, in his laboratory at the age of 47.

Dr. H. C. Wood, of Philadelphia, has consented to deliver the annual address at the next commencement before the alumni and friends of the Yale Medical School.

The Emperor of Austria has conferred on M. Pasteur the Order of the Crown of Iron, which gives him the right to the title of baron and the insignia of nobility.

A new laboratory for Physiological Pathology is to be established at the École Pratique des Hautes Etudes at Paris, in connection with the chair of Organic Chemistry in the College de France. Monsieur F. Frank has been appointed director.

A Laboratory of Vegetable Physiology is about to be established in connection with the Faculté des Sciences of Paris. Two and a half hectares of land in the Forest of Fontainebleau have been assigned by the French Government for the purpose.

The Appropriations Committee of the Pennsylvania Legislature has recommended a grant of \$20,000 to the Philadelphia Polyclinic for its new hospital building, provided it raises a like amount. Toward meeting this provision, subscriptions amounting to about \$10,000 have already been secured.

The Number of Drugs in the German Pharmacopœia is only 606; in the Austrian, 560; in the Norwegian, 530. The United States Pharmacopœia contains 1,010; the English, 814; the Belgian and Spanish, about 1,500; while France leads the world with 2,000 drugs.

At the last meeting of the Ministerial Union held on Monday, Rev. Wayland D. Ball read a paper on "Christian Science" which tended rather to favor that humbug; and yet such men when really ill are only too glad to have medical attendance from regular physicians, and expect it free besides.

Dr. Dawson of Dorchester County, Maryland, some time ago entered into an agreement with each family residing on Elliott's Island to render all the medical assistance necessary for a fixed sum each year. Now he claims that the people did not keep the contract and he has brought suit against the whole Island.

The following prizes are offered by the Société Médico-Psychologique in 1890: The Aubanel prize of 2,400 francs (\$480) for the best essay on Difficulties of Differential Diagnosis of General Paralysis, with the various Forms of Insanity; the Belhomme prize of 1,000 francs (\$200), for the best essay on the Mental Condition and Delirium in Idiots and Imbeciles: the Esquirol prize of 200 francs (\$40) with the works of Esquirol, for the best manuscript essay on some point of Mental Pathology. Essays whether printed or manuscript, must be sent before December 31st, 1889, to the Secrétaire of the Society, M. Ant. Ritti, Médecin de la Maison Nationale de Charenton.

At a recent meeting of the Trustees of the University of Pennsylvania, a new chair of Histology and Embryology was created, and Dr. George A. Piersol elected Professor. Dr. De Forest Willard was elected Professor of Orthopedic Surgery, which is practically another new chair, and Dr. Samuel G. Dixon was elected Professor of Hygiene, in connection with which chair a laboratory will be established. It is announced that Mr. Henry C. Lea has given to the University \$25,000 for the use of the laboratory of hygiene, conditioned on the raising of an equal sum by the University. Of this additional \$25,000 a goodly portion has been subscribed or guaranteed, and it is hoped that the remainder will be speedily forthcoming.

The number of students in the medical faculties of the various German universities in the winter semester 1888-89 is given in the official lists as follows:—Berlin, 1,456; Bonn, 317; Breslau, 388; Erlangen, 297; Freiburg, 309; Giessen, 122; Göttingen, 214; Greisswald, 405; Halle, 310; Heidelberg, 220; Jena, 213; Kiel, 219; Königsberg, 244; Leipzig, 840; Murburg, 209; Munich, 1,188; Rostock, 157; Strassburg, 306; Tübingen, 237; Würzburg, 984. The total number of medical students in the universities of the German empire is thus 8,635 as against 8,255 in the corresponding period of last year.

Professor A. B. Arnold has resigned the Chair of Clinical Medicine and Diseases of the Nervous System in the College of Physicians and Surgeons, and has been elected Emeritus Professor of these branches in the College. Dr. Arnold will retire from active practice and remove to San Francisco during the coming Summer.

The vacancies in the College created by the resignation of Professor Arnold, and by the death of Professor Lynch last Winter, will probably soon be filled by the Faculty. During the Spring term Professor T. S. Latimer will lecture on Clinical Medicine, and Dr. Geo. J. Preston, as announced last week, on Diseases of the Nervous System. Dr. G. A. Liebig, Jr., of Johns Hopkins University will also lecture during the Spring term, on Electricity in its Applications to Medicine and Surgery. The Report published in a daily paper, that there are dissensions in the faculty, is untrue,

## Original Articles

### BIOGRAPHICAL SKETCHES OF MARYLAND PHYSICIANS.

#### III.

DRS. NATHANIEL POTTER, RICHARD WIL-  
MOT HALL, WILLIAM POWER AND  
JOSEPH ROBY.

BY EUGENE F. CORDELL, M. D.,  
OF BALTIMORE.\*

NATHANIEL POTTER.

Nathaniel Potter, the son of Dr. Zabdiel Potter, was born at Easton, Talbot County, (Eastern Shore of) Maryland, in 1770. His ancestry were from Rhode Island. He was the intimate friend and for several years the favorite pupil of the great Rush. He was educated at a college in New Jersey. He obtained his medical degree at the University of Pennsylvania in 1796, and began practice in Baltimore the next year. From 1807 to 1843 he was Professor of Theory and Practice of Medicine in the University of Maryland. His death was sudden, occurring during a fit of coughing, January 2d, 1843. Dr. Potter was in many respects, a remarkable man and it is a strange freak of fortune that no memoir of him has ever appeared. Indeed even the exact date of his birth and the place of his burial have passed into oblivion. When we recall his learning, his courage, his skill, his eminent reputation as a teacher, and his steadfastness in adversity, we can give him no second place in the history of the medical profession of Baltimore and in the annals of this institution.

His fame was at least national and his opinions were everywhere received with deference. His students looked upon him as an infallible authority. The late Dr. John R. Ward told the writer that the man who could secure and publish those sere and faded lectures, which he continued to deliver with commentaries,

until death stopped him, would make a fortune. Beliefs with him were rules of faith. He acted upon his convictions without wavering or misgiving. His earnestness was vital, his faith in the resources of medicine was implicit. Is it any wonder that such a man, in the day when the natural history of disease was not thought of, leaned upon his lancet and calomel as the staff of professional life? Yet there is proof that he taught that small doses of calomel were better than large ones.\* He shared in that wonderful skill in diagnosis, which without other aid than eye and touch, enabled our forefathers to reach almost unerring conclusions, and which fill us even now with astonishment. His prognoses are still spoken of by the older citizens as prophetic. He displayed his courage by making himself the subject of experiments with the secretions from yellow fever patients,† thus establishing the non-contagious character of that disease, and later by his firmness in dealing with the Trustees. His steadfastness was shown by his unwavering attachment to the University throughout his long connection with it. He loved it with the most passionate devotion. Threats, ridicule, indifference, adversity, poverty, nothing could shake his allegiance. He was the pillar that, Atlas-like, bore it safely along amidst the perils that threatened every moment to engulf it in ruins. He gave his best energies, his means, and his choicest years to its service. When thwarted in his plans, the "Father" of the University wavered for a while in his attachment, but Potter's affection was always true as the needle to the pole. When oppression became unbearable and the dark days of the suit came and all despaired, he was determined and hopeful. Who does not rejoice that he was permitted to live to see the fruition of his hopes and efforts? and who does not sympathize with him

\* Thesis of M. Rowan, of Va., on "Hepatitis," Baltimore, 1815.

† He tied a piece of muslin dipped in perspiration of a patient dying with yellow fever around his head (1797) and kept it on all night breathing the foetid odor. He inoculated himself (1798) with the perspiration of a yellow fever patient in the last stages of that disease. He also inoculated himself with pus from such patients. Potter's *Memoir on Contagion*.

\*For the earlier sketches see this Journal, July 1st and September 1st, 1882.



when, old and poor and friendless, he still lingered on the stage of life, like some massive but inert ruin. His latter days were clouded by adverse domestic circumstances which embittered his existence. He became irritable and peevish and disposed to brood over his unrequited labors. He felt keenly his humiliating position and readily took offense. When at last the thread of life was cut in twain, there were not the means to give him a final resting place and the charity of his friends was invoked to secure for him some obscure nook in the Friends' Burial Ground on Aisquith Street, where unmarked by any stone or device, his remains are supposed still to lie.\* In person Dr. Potter was of medium height, of full figure and ruddy complexion. He was fond of cards and given to swearing. He varied the tedium of his lectures by anecdotes which often brought down the house. Some of these are said to have taxed even the credulity of the students, who would express their skepticism by "ahems," "ohos," by whistling and in other ways. To these he would reply by saying, "I'm d——d gentlemen, if it ain't so." In his last years he was compelled to give up his house on Lexington Street, and take a smaller one on St. Paul Street, and when he died he left his family in very straitened circumstances. He was twice married. One daughter still survives him. She lives in Washington, a very old lady, happily well-provided for by some friend who left her a bequest at her death. Dr. Potter was a liberal contributor to medical literature. Besides his thesis on Arsenic, 1796 and 1805, he edited a quarterly journal, 1811, wrote a work on Contagion, 1818, and on the Locusta Septentrionalis, 1839, edited Armstrong on Fevers, 1821, and Gregory's Practice, two editions, 1826 and 1829, published a sketch of the University, 1838 (often referred to in this work), was a co-editor

of the *Maryland Medical and Surgical Journal*, 1839-'43, and contributed many articles to the periodicals, 1802-1843.\*

#### RICHARD WILMOT HALL.

Richard Wilmot Hall, was a son of Dr. Jacob Hall, who served in the Revolution, and died in Harford County, Maryland, in 1812. He was born in Harford County, Maryland, 1785, obtained his medical degree at the University of Pennsylvania in 1806, settled in Baltimore in 1811, during the war of 1812 was surgeon in the militia, rendered important service during the political riots in Baltimore in that year,† was appointed adjunct Professor of Obstetrics in the University of Maryland in 1812, and was full Professor of the same branch from 1813 to 1847. He delivered the annual oration before the Medical and Chirurgical Faculty of Maryland in 1815. Died September 14th, 1847, after a protracted illness. Few men have been better known in the profession in Baltimore than Professor Hall. In the affairs of the University during his long connection with it, his activity was incessant. He was Secretary of the Board of Regents; twice he held the office of Dean; he was usually selected to go to Annapolis to look after the interests of the University in the Legislature, and he represented the Faculty in their pecuniary transactions with the Trustees. In figure he was large and tall; he had a round face and ruddy complexion. He had very courteous and attractive manners. Either from bad management, or extravagance, or both, he was almost always embarrassed in his pecuniary affairs, and it is said that he has been known to visit his patients with a constable seated in his carriage beside him. An anecdote illustrating at once his charming manners, the pressure to which he was subjected and the coolness with which he accepted the situation, is

\*This statement was based upon the positive assurance of a lady who says that she attended the funeral and saw the remains interred there. I was led to doubt this and upon putting myself to some trouble to investigate, found it an error. I have found the place of Dr. Potter's burial in Greenmount Cemetery. His grave is unmarked by any stone, and alone occupies an unenclosed square on the side of the main avenue. His name appears among the first entries in the books of the Cemetery.

\*The sources from which this notice is drawn are too numerous to quote. They are partly from Miss Mary A. Potter of Washington.

†According to *Scarf's Chronicles*, 1874, he rescued from death a number of citizens whose lives were at the mercy of the infuriated mob.

related and is worth preserving. The writer has received it through several sources, and there is no doubt as to its authenticity. A gentleman, who had loaned him a considerable sum of money, went to his house one evening, with the declared purpose of not leaving it until he had received payment of the amount due him. He was received with the utmost affability by his fascinating host, who knew the object of his visit. He was feasted and entertained and so completely charmed that he not only did not insist upon the liquidation of the debt, but actually loaned his host an additional sum equal to the amount already due him. Professor Hall made a number of contributions to medical literature (see *Quinan's Annals* for a list) including a translation from the French (1814) of Barron Larrey's *Memoirs of Military Surgery*. He displayed ability as a surgeon and performed some difficult and unusual operations. Toward the close of his life he largely lost the respect and confidence of his colleagues and of the profession, and was impeached by the former in 1843 for neglect of his professional duties and incompetence. He defended himself with vigor and notwithstanding repeated attempts to dislodge him retained his chair up to the time of his death in 1847.\*

WILLIAM POWER.

William Power was born in Baltimore in 1813. Took his A. B., at Yale 1832. Commenced the study of medicine under Dr. John Buckler, of Baltimore, in 1833, and matriculated at the University the same year. In 1834 was a student at the Almshouse. Took M. D. 1835. He then went to Paris where he studied under Louis, Chomel, Andral, Rostan, Grisolle, Barth and Ricord. On his return (1840) he became resident physician at the Almshouse and after nine months visiting physician. In 1841-2 he de-

livered two courses of lectures at the Baltimore Infirmary under the auspices of the Faculty, on Physical Exploration of the Chest, which were well attended. His health now gave way and in 1843 he abandoned teaching and lecturing and went to Cuba. In 1844, his health being improved, he resumed teaching, and in 1845 he was appointed lecturer upon the Theory and Practice of Medicine in the University. In 1846, on the resignation of Professor Bartlett, he succeeded to the full professorship of the chair. He married in 1847. During the winter of 1851-2 he was unable to perform his professorial duties. In January, 1852, he reluctantly resigned his chair, and on the 15th of August following, he died in Baltimore from the disease with which he had so long been suffering—consumption—in his 39th year. His life was one of earnest study and noble ambition—a blessing to those who partook of his gifts or dwelt within his shadow. He had unbounded influence over his students and communicated to them his own enthusiasm. Whereas before his appointment it was difficult to secure resident students at the Infirmary, after his coming a year in advance was needed to secure a position there. In his teaching he did not aim at originality but truth. He was quick to confess error. He was an industrious student, a faithful, thorough and earnest teacher, clear, copious and convincing. Although subject to hæmoptysis and habitual dyspnoea, he yet met all the requirements of a useful life. He was the first to teach in this, his native city, clearly and impressively the glorious discoveries of Lænnec and to imbue the students of that day, now the most eminent physicians of Baltimore with his own enthusiastic love of modern science. The University has never lost the effect of his thorough and systematic teaching, his example of earnest study, his noble enthusiasm. Prof. Power's strength was in his teaching and especially his clinical teaching. He was not a large contributor to medical literature. A list of his writings is given in *Quinan's Annals*. (The above is taken mainly from an *Obituary Notice, Am.*

\* Among the manuscript records of the University there is a bill and receipt for lodging, etc., of Prof. Hall, while on a visit to the Legislature at Annapolis December 14th, 1812. It is made out in £. s. and d. It was one of the vouchers of items of expense handed in to the Committee of Finance of the University, October 8th, 1840. Another bill, dated at Annapolis, Jan. 1814, includes "barber and today."



*Jour. of Med. Sciences*, April, 1853, signed A. S. (Alfred Stillé?), and from an *Introductory Lecture* by Prof. Wm. T. Howard, 1867). The following letter was addressed by Prof. Power to the Faculty upon the occasion of his resignation in 1852, and its sentiments are so pure, lofty and disinterested, that I am glad to be able to enrich the pages of this work with it:

"BALTIMORE, January 5, 1852.

GENTLEMEN:—The continued impairment of my health and strength makes it doubtful whether even next winter I shall be able to fulfill the duties of my chair. I therefore hereby tender you my resignation of the Professorship of Theory and Practice of Medicine in the University of Maryland. This step, after due deliberation, is taken through a sense of duty to you and to the interests of the school, but I confess with some natural sorrow and reluctance on my own part. My connexion with the University formed the realization of professional hopes and plans long cherished. To feel secured in a position where I could pursue the profession as an ennobling science, not as a necessary trade, where there was a constant stimulus given to self-culture and improvement, to constant fresh study and daily progress in the search after truth, to be entrusted with the responsible and noble mission of interpreting and disseminating this truth; finally, to have the conviction from the friendly and cheering intercourse of colleagues and the respectful demeanour of the class, that I had the approbation and confidence of both, and that my efforts to be useful and give satisfaction were not in vain, all this made my situation dear to me. My chair was the ruling interest of my professional life, that in which all my pleasures, hopes and ambition centered, and the determination to resign it involves the virtual and formal adieu to all lingering hope of future usefulness. My whole connexion with the school has been to me of the most agreeable character. Nothing has ever occurred to mar for a moment the good understanding between myself and my present colleagues. We have

labored pleasantly and amicably together. We have had the satisfaction of seeing the school, year by year, increasing in prosperity, her embarrassed finances improved and now placed in the best condition. We have witnessed her facilities for teaching much increased by the enlargement of the Infirmary and large purchases of materials for demonstrative instruction, the classes steadily growing in numbers, better taught, pleased and satisfied with the opportunities they enjoyed and the tuition they received, and leaving us to give a good report of their alma mater. The whole course of the University has been upward and onward and with continued harmony and activity on the part of the Faculty there is every reason to anticipate a still more brilliant future. I do most sincerely trust, that, in appointing my successor, your choice may fall upon one, who, with more acquirement and talent to fit him for the place, may at least possess equal zeal and devotion to the progress and interests of the school. Though no longer directly connected with it, still so long as life continues I cannot but feel the deepest interest in its policy and progress. In conclusion, allow me to tender to each of you, my thanks for many acts of friendship and courtesy during our past intercourse and to assure you of my sincere wishes and earnest prayers for your individual success, happiness and usefulness.

WILLIAM POWER,  
57 St. Paul Street.

To the Faculty of Physic of the University of Maryland."

JOSEPH ROBY.

Joseph Roby was born in Wiscasset, Maine, in 1807. He graduated at Brown University in 1828, and was an A. M., of the same. Obtained M. D., at Harvard Medical College in 1831 and then settled in Boston. From 1837 to 1843 he held the chair of Anatomy and Surgery at Bowdoin College, Brunswick, Maine, and from 1840 to 1849 the chair of Theory and Practice of Medicine and Materia Medica or Pathological Ana-

tomy, at Dartmouth College. In April 1842 he was called to the chair of Anatomy (which included physiology) in the University of Maryland, and continued in it until his resignation on account of bad health in March 1860. He married in 1842. On the death of Professor Potter early in January, 1843, he finished the course on Practice of Medicine, and he also lectured upon the same during the session of 1843-4, there being a vacancy in this chair through the resignation of Dr. Richard S. Steuart. There was much enthusiasm over these lectures and also over his introductory lectures, which were exceedingly popular in Baltimore and always crowded by the citizens. He also lectured upon non-medical subjects. For several years after coming here he returned north early every spring in order to lecture there. During the last two years of his life he was unable to lecture and Professor Smith performed the duties of his chair for him, turning over to him, however, the entire proceeds accruing to it. Finding that he was incapacitated for further work, he resigned his chair early in 1860 and was made Emeritus Professor. He died in Baltimore, June 3, 1860, of pulmonary consumption, aged 53. Professor Roby was small and sparely built. He wore glasses and had a thin and weak voice. His face has been compared by Professor Bartholow to that of Voltaire. He was very skeptical of drugs and was not adapted for the rôle of a practising physician, a fact which he himself recognized. He was at the University attending to the duties of his chair from 9 to 3 o'clock daily. He was exceedingly particular about his dissections, insisting that the linen should be perfectly clean and white; he noticed the least nick, you could conceal nothing from his sharp eye.\* He eschewed technical terms and taught with singular clearness. He had remarkable aptitude for discovering the salient points of his subject. He had no intimate friend in Baltimore, he was a man of few friendships. From one who was a fellow student and colleague, an intimate friend and for over twenty years a constant correspond-

ent, Dr. Oliver Wendell Holmes, we obtain some further particulars about him. "He was born with a delicate nervous and melancholic temperament, which betrayed itself in his slight spare figure, his grave cast of features, and his shadowy complexion, to which a striking effect was added by exquisitely arched, sharply pencilled eye-brows, such as it would be hard to match on any living face among us. He was shy by nature, he was solitary by habit. He talked too plainly from his convictions to be always harmless. He saw too keenly into the minds and hearts of others to be always as charitable as those whose good nature is in proportion to the defect of their vision. He was a man dangerous to any persons of false pretensions who came in his way, making no claims for himself which could be disputed and not very tolerant of such in others. His great excellence as a lecturer was immediately recognized. In the department which he taught in the University of Maryland, he was acknowledged to rank among the first in the country. His character is most truly revealed in his copious letters. If his correspondence could be published, full as it is of personal revelations and confidences not adapted for the general eye, it would be enough to give him a literary reputation. As it is he has lived without seeking fame and died without leaving any public permanent record of himself. According to his often expressed wish, his body was brought to Boston, and in the presence of a very few friends and connections committed to the spot he had selected at Mt. Auburn. He was not only a man of superior intellect, but a fast and faithful friend, always ready with counsel and aid, not afraid to speak the truth, one who could be an intimate yet with a tact and delicacy which prevented his intimacy from becoming oppressive; a rare nature, in a word, which a delicate organization unfitted in a measure for the complete and cheerful exercise of all its varied power, but which leaves a precious memory in a few loving hearts." (Extracts from obituary notice in *Boston Daily Advertiser*, June 7th, 1860, and from letter to author.)

\*Dr. Alan P. Smith—his Prosector.



## CASE OF TRAUMATIC TETANUS WITH DEVELOPMENT OF HYSTERIA.\*

BY JOHN U. PICKEL, M.D.,  
OF BALTIMORE, MD.

On the evening of July 17th, 1888, I was called to see Theodore B., æt. five years, white, and well nourished, with the following history, which I obtained from his mother, on the day previous. He was apparently healthy, had fallen from a neighbor's step; since the fall he acts peculiarly, and staggers, and could not separate his jaws. I at once thought that the spinal irritation was not due to the fall as the distance was only two steps and enquired if he had injured his hands or feet at any time previous, when I was informed that on the 4th of July he had run something into his foot, the foot became inflamed, and she poulticed it, but it was entirely well. I ordered the shoe and stocking to be removed and found a small bleb, about the size of a small bean, containing blood, which I opened and removed a splinter about one-half of an inch in length shaped like a thorn. I found his temperature 99°. Pulse 100, and his jaws nearly completely locked, there was a space of about one-quarter of an inch between his teeth but he could not separate them any further. I tried to separate them with my tongue depressor, but failed to do so. He could not protrude his tongue. I placed him on the bromide of soda, and chloral hydrate every two hours, with a flaxseed meal poultice to the foot. The next morning my patient complained of pain in his abdomen, and especially in the calf of his legs. The opisthotonos was well marked. I could put my arm, under him, at times there would be orthotonos. I could pick my patient up like a statue. There was also marked hyperæsthesia present. I could excite a spasm by examining his foot. These spasms would last for about two minutes. I continued the bromide mixture, and ordered morphia to be given every third

hour, for about three days and then substituted extract of hyoseyamus with cannabis indica for the morphia which acted very nicely. This I continued for about fourteen days when my patient began to improve, and again could masticate his food, but he claimed he could not walk, and I could not induce him to try by any means. I offered him money, to take him out in the park in my carriage, but he would not make the attempt. He promised he would after I had gone. Finding it did not work, I tried to frighten him, by threatening to cut his foot. This seemed to make him worse, he would get perfectly rigid, and extend his arms and cry "Ma take me," which I objected to. This led me to think that they were hysterical symptoms. I then ordered a mixture of bromide of soda, elixir val. ammonia and elixir sumbul compound and gave strict orders not to take him up, which his mother was in the habit of doing, no matter how much he cried. One morning I think it was on the twenty-first day I found him sitting up out of bed, his mother had frightened him by saying the bed was full of bed bugs and would eat him up, but he still claimed he could not walk, but promised to do so when I was gone, finally he did make an effort by supporting himself by the aid of the bedstead. From that time on he gradually improved under the above mixture, and I discharged my patient on the 26th of August, forty-one days after the development of tetanus.

1312 CHEW STREET.

## A CASE OF OBSTINATE FECAL IMPACTION\*

BY D. OLIN LEECH, M.D.,  
OF WASHINGTON, D. C.

Mr. B., white, æt. 50, was seized with violent abdominal pain on the evening of November 20th, while on his way

\*Read before the Medical and Surgical Society, March 14th, 1889.

\*Read before the Clinico-Pathological Society, December 4th, 1888.

home from work. This became so severe that without waiting to send for a physician, he took 30 grains of ipecac in divided doses, and then a considerable quantity of warm water. Retching and profuse emesis followed, but the pain persisting, he next tried one teaspoonful of Squibb's mixture, took a hot foot bath and applied a mustard plaster over the abdomen. These remedies affording no relief whatever, I was sent for, and found him suffering acutely from pain in the lower abdomen and retching. On the morning of the day of this attack and on the day previous his bowels had been opened naturally.

Several hypodermics of morphia, with and without atropia, were at once given in rapid succession; hot turpentine stupes were applied to the abdomen, and finally paregoric was administered by the mouth, all without avail.

There was no spot of localized tenderness nor any tumor to be discovered by abdominal palpation. Within a short time, after several flatulent eructations, there was an interval of relief, and I left him for the night after seeing that a dose of castor oil with laudanum was administered.

During the next day and night persistent efforts were made to bring about an evacuation of the bowels, various cathartics being given by the mouth, and castor oil, olive oil and molasses by enema, but no evacuation ensued. He still continued to suffer pain though to a less degree than during the previous night.

These efforts were renewed on the following day, but not until the morning of that succeeding did any trace of fecal matter show itself. On the next afternoon an enema of a large quantity of hot water with cotton seed oil was administered in the knee chest posture, and was retained for three hours. A small quantity of thin and very offensive fecal matter was then discharged with great relief.

This was followed by other evacuations of a like kind, and during the next day sulphate of magnesia was given by the mouth. The pain also subsided at this time.

In spite of the severity of this man's suffering, and in spite, it might be remarked, of the large quantity and great varieties of purgatives that were given, his strength was not much impaired, and what little he had lost, was rapidly gained after the bowels had finally been opened.

## A CASE OF PNEUMONIA FOLLOWED BY EMPYEMA, WITH OPERATION.\*

BY LOUIS K. BEATTY, M.D.,  
OF WASHINGTON, D. C.

B. C., Colored, æt. 19, Bricklayer, was seen for the first time on March 9, 1887. A few days before he had been exposed at his work and had taken cold, and this was followed by a severe chill, and high fever. At my first visit I found him with considerable fever, frequent respiration, cough, and dullness over the whole left side of the thorax. Within the next few days the symptoms of pneumonia became quite distinctly marked, and after a protracted illness, during the latter part of which the pulmonary signs were masked by a gradually increasing pleuritic effusion, convalescence was established, although the return to health was incomplete and unsatisfactory. I lost sight of this patient until June 7th, when I found him with embarrassed and hurried respiration, the left pleural cavity being distended with fluid, and the heart considerably displaced to the right.

June 9th, Dr. W. P. C. Hazen saw the patient with me, and agreeing that the pressure symptoms were urgent, and that the temperature and many other features of the case pointed to the existence of pus in the pleural cavity, an opening was made in the sixth intercostal space and in the mid axillary line, and a large quantity of purulent fluid evacuated. Following this operation the most pronounced symptoms were at once relieved, but a slight discharge continued for a long time. He was advised

\*Read before the Clinico-Pathological Society, May 1st, 1888.



to go to the country, and not until fourteen months after the beginning of his attack did I see him again. His general health was then in a very satisfactory condition, but there was still a fistulous opening at the site of the original incision through which a thin sero-purulent discharge continually escaped. Still he had been able to do some work at his trade.

### Society Reports.

#### THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D.C.

STATED MEETING HELD DEC. 4TH, 1888.

The President, Dr. G. W. Johnston in the chair.

*Dr. D. Olin Leech* read a paper entitled

##### A CASE OF OBSTINATE FECAL IMPACTION.

(See page 446.)

*Dr. G. W. Johnston* in opening the discussion, remarked that from the rarity of cases of intestinal obstruction from any cause, the society was indebted to Dr. Leech for a presentation of a case illustrating one of the methods of its production. He alluded to the general medical and surgical methods employed in the treatment of intestinal obstruction from various causes and especially to the method of washing out the stomach, suggested by Kussmaul, and the good results that had accrued from that procedure.

*Dr. L. K. Beatty* remarked that Dr. L.'s patient exhibited a condition that he had not found infrequently in people who had come to Washington after previous residence at higher altitudes. Such cases generally terminate with the discharge of a large quantity of fecal matter, and cause the physician no very great anxiety. He had found for these cases that injections by the rectum and hydragogue cathartics were indicated. He recited a history of a case in brief, where similar symptoms (to those described by Dr. Leech), had developed in a patient under

his care, who had come to Washington from a locality more healthfully situated.

Pain and obstruction lasted ten days but finally yielded to previously described methods of treatment. He attributed the symptoms in this case to torpidity of the bowels and portal circulation, induced by change of climate. If injections were indicated he would advise that they be given by the physician himself.

*Dr. A. A. Snyder* observed that in all probability, the surgeon, if consulted, would have deemed laparotomy indicated in Dr. Leech's case. He narrated the history of a case of fecal impaction, in which the symptoms were not so urgent as those described in the paper of the evening, but meteorism was enormous. At first cathartics were administered but they were subsequently discontinued, and large rectal injections were given through a long tube. Efforts were also made to discover and remove the obstructing mass, by the hand introduced into the rectum, but without success.

After profuse rectal injections an enormous mass of feces of an extremely fetid odor escaped from the anus, and this was followed by instantaneous relief.

*Dr. C. W. Richardson* referred to a case of intestinal obstruction, which had occurred in this city a short time ago, in the person of a well known gentleman. Intestinal obstruction had persisted for some time and ether was finally given to make a thorough examination possible, and for purposes of narcosis for subsequent operation if it should be deemed advisable.

During manipulation of the abdomen something gave way, and there followed a discharge of a small quantity of liquid feces from the rectum. Shock intervened which deepened into collapse and resulted in the death of the patient. On autopsy it was found that the vermiform appendix was gangrenous and perforated.

*Dr. W. M. Sprigg* asked if there were not some fecal matter in the appendix?

*Dr. C. W. Richardson* replied that there was a small mass, but it was soft, broke down under the finger, and could hardly be considered the cause of ulcera-

tive and perforative appendicitis. Dr. Richardson further detailed a case in brief in which an operation for fistula in ano had been performed by Dr. Agnew of Philadelphia. On account of pain this patient had not had a satisfactory movement of the bowels for some time. On the third day after the operation symptoms of intestinal obstruction developed, which in its essence was an acute exacerbation of a chronic intestinal obstruction partially due to fecal accumulation. Stercoraceous vomiting developed and other symptoms characteristic of the affection. Large enemata were administered and finally an enormous quantity of offensive fecal material was delivered by the hands.

*Dr. Leech* observed that the diagnosis of his case was not perfectly clear to himself, and that he could hardly say it was one of uncomplicated fecal impaction. He considered the obstruction, what ever it was, existed in the small intestine.

The President (Dr. H. L. E. Johnson) remarked that no mention had been made of two procedures, whose usefulness in certain forms of intestinal obstruction had been proven by experience, he referred to systematic massage of the abdomen, and the administration of oxgall. He said he did not believe that when rectal injections were given that any fluid passed the ileo-cæcal valve, as the pressure of the fluid from below has the tendency to close the valve and make it impervious to liquids. He remarked that some time since he had occasion to look up the the subject of constipation, and he was astonished to find how long it was reported to have lasted in some cases.

One case which had particularly attracted his attention was that of a woman who had had no passage from the bowels for three months, and another that of a man whose large intestine was distended with fecal matter up to the ilco-cæcal valve.

*Dr. Richardson* said in the case of Dr. Agnew's, already mentioned, the patient had not had a movement for a month, and a satisfactory movement for a year.

## MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD MARCH 14th, 1889.

The 690th regular meeting of the Medical and Surgical Society of Baltimore, was called to order by the President, Dr. R. W. Mansfield.

*Dr. John U. Pickel* read a paper on

A CASE OF TRAUMATIC TETANUS, WITH DEVELOPMENT OF HYSTERIA.

(See page 446.)

*Dr. Thos. A. Ashby* said he once saw a girl, aet. 17 who had a whitlow on her finger, which on being opened, caused tetanic symptoms with opisthotonos, some of the paroxysms were of a maniacal character, which he thought were purely hysterical; he suggested chloroform, which proved the diagnosis. She was treated for hysteria and he had not heard any more of the case. He had seen three cases of tetanus and the wound causing the attacks were always slight. One case of an injury by a falling axe helve which made an incision of about one-half inch on the foot, resulted in tetanus, which recovered in one week under chloroform and morphia.

*Dr. Wm. H. Norris* said the most striking point in Dr. Pickel's case was the splinter, when the history of a fall was the only thing stated by the parents. He had seen three cases of tetanus, all fatal, in which the offending foreign body causing the attacks, had been overlooked. 1st case, that of an Italian who had received an injury in the ball of the foot, he had been treated in the City Hospital, and they had not discovered the foreign body in the foot. Amputation had been decided upon and a careful examination revealed three pieces of a crab's claw in the ball of the foot. 2d case, a pistol wound in the palm of the hand, there was no bullet in the charge. In three days tetanus was developed, examination revealed a wad under the tendons of wrist, it was removed but patient died.

3rd case, patient was injured in the



shoulder by a piece of shell at Fort Fisher, a resection of the shoulder had been done, the patient developed tetanus about three weeks after receiving the injury and died. The post mortem revealed a piece of lint under the surgical cicatrix. All of which shows the importance of careful examination of wounds when first brought to our attention.

*Dr. Wilmer Brinton* said he had a case of a boy, cut in the foot with a piece of glass, he saw the boy one hour after the receipt of the injury, he removed the glass, washed the wound thoroughly and treated antiseptically. The patient died with all the symptoms of tetanus. At the post mortem the wound was found to be in a clean healthy condition, showing that all source of irritation had been removed.

*Dr. J. W. Chambers* said he did not think *Dr. Pickel's* case, was a case of true tetanus and that most of the cases called tetanus that recover are not clear they are pseudo-tetanus or tetanic in symptoms but without the germ. Tetanus is one of the last of the bacterial diseases, but probably is one of the best known. The wound of irritation is always small and it is not that the wounds are in the hand or foot, but because those parts are most exposed to the germ causing tetanus. Persons who work about stables or in gardens that have been fertilized with stable manure, are peculiarly liable to tetanus on receiving small wounds. A series of experiments on animals, had been conducted at the Johns Hopkins University where tetanus was produced by inoculating with garden soil. The germ itself does not cause the tetanus but there are ptomaines that are developed from the germ, that causes the tetanus. The bacterium of tetanus is rarely found far from the seat of injury. The treatment is to amputate early if you have true tetanus. The proper thing to do is to scrape the wound and examine the scraping, by the microscope and if you find the bacterium of tetanus, then amputate. If tetanus is due to a ptomaine which is produced by an organism that is local and remains stationary, is it not rational to get rid of

that part of the body where these ptomaines are produced? Injuries along the course of the 5th nerve, as a broken nose, etc., sometimes cause trismus or lock-jaw and are apt to be called tetanus.

There is no disease known that hysteria does not simulate and he was convinced that hysteria is more frequent in the male than is usually thought to be. He was inclined to think that *Dr. Pickel's* case was a case of hysteria simulating tetanus precipitated by an injury in the foot.

*Dr. Geo. H. Rohé* said he believed that tetanus does get well. Contagious diseases do not kill by overproduction of the germ but by the prolonged attack which wears out the resistance of the patient. If the patient lives long enough to get used to the germ they get well. This is shown by the course of typhoid fever, epidemic dysentery, etc. The natural eliminating functions, get rid of the organisms. A number of eminent men in the profession have reported cases of recovery and we must believe they were capable of recognizing the disease. *Frazier* advises physostigma and *Christopher Johnston* advises conium.

He did not think that amputation was the only remedy, he agreed with *Dr. Chambers* as to the cause, but not as to the treatment.

*Dr. J. H. Scarff* said he had seen two cases that he was fully persuaded were true tetanus, both of which recovered. One a man in a railroad accident who had an amputation and tetanus developed after the amputation had been performed, he recovered. Another man cut his leg with a scythe, the leg became very much inflamed, he developed a true tetanus and recovered under treatment of calabar bean.

*Dr. David Streett* said the germ of tetanus according to *Dr. Chambers*, behaves differently from the germs of other diseases. *Dr. Koch* says that the germs of other infectious diseases are found in the blood, spleen and other organs. Now while *Dr. Koch* says that the germ of tetanus has not yet been found elsewhere than at the seat of the injury, that does not prove that they may not be found elsewhere.

He believed that tetanus is sometimes cured and thought that Dr. Pickel's diagnosis was correct and that he had a true case of tetanus.

*Dr. J. D. Kremien* said he believed Dr. Pickel's case was tetanus. He saw in 1868, three cases of tetanus that were treated by amputation, one of hand and two of foot. all of them proved fatal.

*Dr. John U. Pickel* said he was sure his case was a case of true tetanus with development of hysteria and was equally sure it was not a case of hysteria with tetanic symptoms. Had it been a case of hysteria, the child would have slept, but the slightest irritation excited paroxysms, an Arab, crying his wares on the street caused seizures.

*Dr. Frank C. Bressler* said one of the most important things in the consideration of tetanus. is the susceptibility of the nervous system to be influenced by the products of the bacillus of tetanus. Individuals differ in the response to various impressions made on their nervous system, the same as they differ as regards the effects of fatigue, disease, etc. One is easily affected, another, little or not at all. We have learned that the bacillus of tetanus elaborates 3 products namely—tetanine, tetano-toxine and spasmotoxine. If a sufficient quantity of these ptomaines is absorbed, then follows the various degrees of toxic symptoms. If susceptible, a small quantity may produce a fatal result in one case, while in another we may have a severe case, and if properly treated, recovery may follow. Here it is where medicines, properly applied, do good. Put your spinal cord in a splint" as Minor says and your case may be carried to a happy issue. Hence, he did not believe all cases of true tetanus were fatal, since other diseases due to bacilli, such as diphtheria, typhoid fever, tuberculosis, etc., do not always kill and he was of opinion that tetanus was not an exception to the rule. Bryant and Erichsen have reported cases of recovery. Now if all cases of true tetanus are fatal, it seems strange that these and other eminent surgeons should make such grave errors in diagnosis. Therefore, he did not believe with Dr. Chambers, that

all cases of true tetanus were fatal.

*Dr. J. W. Chambers* asked, if any cases of recovery from anthrax had been reported?

*Dr. Frank C. Bressler* said yes, Dr. Murray, of New York, reported several cases which recovered, treated by excision and applications of powdered bichloride of mercury.

J. WM. FUNCK, M. D.,  
Recording Secretary,  
1710 W. Fayette Street.

LOCAL TREATMENT OF DIPHTHERIA BY CALOMEL.—*Dr. Gustav Elwert* of Reutlingen has found great benefit from the local application of calomel in cases of diphtheria. His idea was that, if calomel be brought into contact with the diphtheritic membrane, the chloride of sodium in the saliva would act upon the mercury salt and produce corrosive sublimate in minute quantities, which might, however, be sufficient to act as a bactericide to the virus in the membrane. His plan is to mix calomel with two or three times its weight of powdered starch, and to brush out the pharynx lightly with a feather dipped in this powder. This is done three or four times during the day and two or three times during the night. Cold-water compresses are applied to the throat, and a mixture containing nitrate of sodium is prescribed for internal administration. The effect of the treatment is soon apparent in the diminution of the membranous patches and of the foul odour, and, where the disease has invaded the larynx, in the decrease of the hoarseness of the voice.—*Lancet*.

A FATAL PRESCRIPTION.—The recent death in Germany of a child as the result of taking a prescription containing an incompatible and dangerous compound, viz., chlorate of potash and iodide of iron, deserves the attention of all practitioners. The iron was precipitated in the form of the sesquioxide, and all the iodine liberated. The following formula will illustrate the chemical changes which took place in the medicine:  $2\text{FeI}_2 + \text{KClO}_3 = \text{Fe}_2\text{O}_3 + \text{KCl} + 4\text{I}$ .—*Med. and Surg. Journal*.



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## Editorial.

THE COMING MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY.—The Medical and Chirurgical Faculty will open its ninety-first annual session, Tuesday, April 23, 1889. If age is a sign of greatness, then we should look for great things at this next meeting. The society was founded by the fathers of medicine in this state and has always been upheld and supported by men prominent in this State, and a few in the profession at large, for their learning and skill. The programme of the work is as in many other similar societies. It contains the president's address, the annual address, and the various papers and articles which are either grouped under their respective sections or are unclassified. On the whole the work done by this society is good, even if done by a few men. The papers are as good as those of similar societies, and many are better. In comparing the volume of transactions it is noticed that the one for 1886 is larger than the two following, that for 1887 being even one hundred pages smaller. In many respects this may be an advance,

if the real reason were not known. Papers intended for the transactions cannot be published elsewhere until the transactions have appeared. This rule is hardly worthy of a progressive society. Few are willing to bury their good work in a volume with a limited circulation when it would receive much more notice in the weekly or monthly medical journals of the country. The Congress of American Physicians and Surgeons is a liberal body and allows its papers to be published in the transactions and anywhere else the writer wishes. Take off this restriction from our society and its work becomes more generally known and the writer gains more than a limited local reputation. This may be a reason why many do not care to read papers before the society, or even why the membership does not increase faster.

One reason why the membership does not increase faster and why it is small in proportion to the number of physicians in the state is certainly on account of the dues. The work of any society devolves more or less on the young men. The older men have not the time. The younger men cannot work in this society as they should because they have not the money. The fee for the first year is ten dollars and for each successive year eight. This is necessary to support the library and consequently members not in the city pay a smaller fee. If a larger membership could be obtained a smaller fee would be sufficient.

There are in the city in round numbers about 700 physicians, and in the State about 800. Total active membership of the society is about 225 of whom about 50 are from the state, and 175 from the city. If 500 of the 700 city physicians are eligible and 175 are already members, then there remain 325 city physicians not members who ought to be. Here is a fertile field for the committee on nominations. The advantages of a society such as the Faculty are evident. The standing of a physician who is a member is at once secured. On this point the State society is probably much more particular than the local societies. To the city member is open a good library containing not only good books

but an enormous number of journals from different countries, and in different languages, and also bound volumes of these journals many from their first issue. This is invaluable for the literary man and writer. Let the society arouse itself, let those who are not members attend the meetings to be held this month and see the work done. Let those who are members be present and take active *but intelligent* part.

Let the members think seriously for the good of the society and if the two points noted as hindrances really do prevent the growth and consequently decrease the strength of such a body, the sooner they are removed the better for all interested.

**DIPHTHERIA AFFECTING FIRST THE PERINEAL REGION.**—At a recent meeting of the Harveian Society of London, Dr. Hill (*British Medical Journal*, Feb., 23, 1889,) related two very interesting cases in which the poison of diphtheria seemed to enter the body from a water closet and through the perineal region.

The outbreak of the disease was sporadic, limited to one house. The house, among other defects, had a water closet with untrapped soil-pipe. Three persons used this closet, and all had diphtheria. The first, a little boy of 10 years, died with diphtheria of the throat. The second, the father of the boy, who had frequently suffered from an eczematous patch over the coccyx, noticed that this area became very painful and very much inflamed; later, putrid pieces of skin and slough came away for two or three weeks on the poultices which were applied. The gluteal lymphatics became enlarged, and formed two boils one on each side of the groove of the buttocks. The patient suffered great pain especially in defæcation. He never had sore throat. Six weeks after the appearance he had paralysis, believed to be a result of diphtheria, which disappeared after the application of electricity, and a sea-voyage. When the sores of this patient had healed, his daughter, eight years of age, began to complain of frequent and

painful micturition. Upon examination her vulva was found to be swollen and oedematous, and there were several small sores and patches on the labia.

Diphtheritic membrane formed on the tonsils and extended to the lungs. Before death which occurred on the eighth day, perforation of the recto-vaginal walls was observed, being indicated by the escape of fæces through the vagina. These cases go to prove the need of careful disinfection of the discharges of diphtheritic patients, and the danger of untrapped, filthy water closets.

### Reviews, Books and Pamphlets.

*Obstetric Aphorisms for the Use of Students Commencing Midwifery Practice.* By JOSEPH GRIFFITHS SWAYNE, M. D., etc. Ninth Edition. Philadelphia: P. Blakiston, Son & Co., 1888. Baltimore: Cushings, & Bailey, Pp. 159, Price \$1.25.

The readers of this journal are doubtless familiar with the former editions of "Swaynes Aphorisms." That which is before us, the ninth, does not differ materially from its immediate predecessors.

The merits of this book are sufficiently familiar to need no commendation. Since it is likely, however, to be used extensively by students and the younger members of the profession whose ideas should be set right at the start, it may not be inexpedient to refer to certain defects, some of which, it seems to us, are of considerable import. Manifestly, any book appearing at this present time, which deals with the rules of obstetric practice, is at once exposed to very serious criticism if there be omitted from its pages the details of those procedures, the employment of which has produced such an astounding diminution in the death rate of parturient women. It is therefore with no little disappointment that we find the subject of aseptic midwifery treated in this otherwise admirable book in a manner that falls very far short of being complete and satisfactory. We would deprecate any vaginal examination, unless it were positively necessary, after the completion of labor (p. 27):



We cannot regard the passing of the urine in the knee elbow position as an effective means of emptying the uterus of clots (p. 89): nor can vaginal injections be expected to be of much utility when there is putrid matter in the uterus (p. 89).

The question of the so-called milk fever is too slightly touched upon, and the effect upon this fever, and upon the "ephemeral" and upon the "miliary" fever, of the rigidly aseptic conduct of labor receives no comment (p. 100-103).

But there is little use in analyzing further treatment of this important subject. The whole matter is summed up on p. 104 in about 20 lines under the title of "Antiseptic Midwifery." They begin, "when there is reason to apprehend infection of any kind, antiseptic midwifery should be adopted. You should take with you some carbolic acid and a Higginson's syringe with elastic tube." The midwives on the Continent of Europe receive better instruction than this.

These sins of omission and commission were certainly enough to condemn much that is in the book, but on p. 80 we find intra-uterine injections of a solution of perchloride of iron, to be given by means of a Higginson's syringe and a long elastic tube, recommended in the treatment of post-partum hemorrhage. On p. 20 reference is made to an old and vicious means of perineal support, while the practice of holding back the head until dilation is complete, receives no mention. Among the signs of pregnancy we took in vain for that means of diagnosis which has been recommended by Hegar and which has been greeted by nearly every obstetrician with approval.

If books of this kind must be written, and it seems they must, for new "Manuals," and "Elements," and "Aphorisms" multiply, and with the older ones, edition rapidly succeeds edition, it is but right that their authors should bring them up to the times and give us at least an outline of those measures for whose recognition, half a century ago, the lamented Semmelweiss suffered and died.

*A Handbook of Therapeutics.* By SYDNEY RINGER, M. D., Professor of

the Principles and Practice of Medicine in University College, Physician to University College Hospital, London. Twelfth Edition. New York: William Wood & Co. 1889. Pp. 521. Price \$5.00.

With the exception of the addition of some new drugs and new information upon old ones, little change has been made in this edition. Unlike most books of its kind, this work is particularly readable, being more as the author says, a work on clinical therapeutics. The tongue, pulse, skin and temperature are very fully treated. A dietary for invalids and a very carefully made index to diseases is added.

*Massotherapy or Massage as a Mode of Treatment.* By WILLIAM MURRELL, M. D., F. R. C. P. Fourth Edition. Philadelphia: P. Blakiston, Son & Co. 1889. Pp. 236. Price, \$1.50.

This is one of the most sensible and practical books on the subject that has ever been published in English. The confused idea as to what massage is, the large number of persons who go about as professionals and profess to know something about this subject and the few persons who readily understand it, are all fully and clearly discussed by the author. It is well illustrated with cuts explaining terms, and the general indication for use in certain diseases are laid down. The subject, however, is not so simple as it seems. The typography of the book is not perfect.

*Surgical Bacteriology.* By NICHOLAS SENN, Professor of Principles of Surgery and Surgical Pathology, Rush Medical College, Chicago, Ill. With 13 Plates. Philadelphia: Lea, Bros. & Co. 1889. Pp. 270.

This book has been written from the necessity of a proper recognition of the importance of bacteriology as an integral part of the science and practice of modern surgery. Each subject is treated mainly in the way of collating the literature of the subject and arranging it in chronological order and this gives

evidence of a large amount of untiring work. The plates taken from Klebs Pathological Anatomy are very fine. The publishers have spared nothing to issue a handsome edition.

*Wood's Medical and Surgical Monographs. Volume I. Number 3.* Neurasthenia and its Treatment. By DR. H. VON ZIEMSEN. Antipyresis and Antipyretic Methods of Treatment. By DR. H. VON ZIEMSEN. The Tongue as an Indication of Disease. By DR. W. H. DICKINSON. On the Treatment of Cystic Goitre. By T. M. HOVELL, F.R.C.S. New Remedies from 1878 to 1888. By DR. C. CAUQUIL, New York: William Wood & Co., 1889.

The large number of articles in this issue gives a variety of very important subjects all of which are from the pens of foreign authors. The article by Dickinson on the Tongue is particularly valuable filling a gap which the average text books rarely mention. The list of new remedies by Cauquil is perhaps of least value to the American physician, as many of the remedies are rarely used outside of France. The translator has omitted the second 'h' in the word "ichthyol."

*Kirke's Handbook of Physiology.* By W. MORRANT BAKER, F.R.C.S., and VINCENT DORMER HARRIS, M. D., Lond. Twelfth edition. Rearranged, Revised and Rewritten, and with 500 Illustrations. New York: William Wood & Co., 1889, pp. 784. Cloth \$4.

The twelfth edition of this standard work speaks for itself. It is in many respects more suited for the advanced student than the undergraduate. The appendix contains a valuable record of measurements. The cuts are in some places too coarse for the fine structures they are intended to represent.

*Congestive Neurasthenia or Insomnia and Nerve Depression.* By E. G. WHITTLE, M. D., London, F. R. C. S., England, Senior Surgeon to the Royal Alexandra Hospital for Sick Children, Brighton. London: H. K. Lewis, 136 Gower Street, W.C. 1889. Pp. 95,

This writer's idea in issuing this monograph is to describe the special character of a common type of nerve derangement, to prove that the insomnia and depression in this type are dependent on cerebral congestion, and to illustrate the remarkable efficacy of blood-letting, either by leeching or venesection, in its treatment.

*A Manual of Instruction on the Principles of Prompt Aid to the Injured Designed for Military and Civil Use.* By ALVAH H. DOTY, M. D., Major and Surgeon, Ninth Regiment, N. G. S. N. Y., Attending Surgeon to Bellevue Hospital Dispensary, New York. New York: D. Appleton & Co. 1889. Pp. 224. Price, \$1.25.

The object of this work is amply stated in the title. A few chapters on anatomy and physiology serve as an introduction, and the whole subject is elucidated with nearly one hundred illustrations. It is as good as any book of its kind, and all are of course inferior to a good course of lectures and demonstrations. The typography is good and the binding has the white band with red cross, the badge of the Red Cross Society.

*The International Medical Annual and Practitioner's Index; A Work of Reference for Medical Practitioners.* Seventh year. New York: E. B. Treat & Co. 1889. Pp. 520. Price \$2.75.

This annual already in its seventh year contains a chapter on New Remedies two articles on Mechano-Therapeutics (Massage) and Electro-Therapeutics and the latest treatment of diseases which are arranged in alphabetical order. It is very well arranged and may prove a very useful assistant.

*Atlas of Venereal and Skin Diseases.* Containing a large number of fine plates from American and Foreign writers with original text. By PRINCE A. MORROW, A.M., M.D. Parts 10, 11, 12. New York: William Wood & Co. 1889.



These parts contain Eczema, Impetigo, Dermatitis, Herpes Zoster, Pemphigus, Purpura, Psoriasis, Lichen and Acne. The text is written up to the latest times and illustrated with life-like plates from cases.

*The Principles and Practice of Dentistry including Anatomy, Physiology, Pathology, Therapeutics, Dental Surgery and Mechanism.* By CHAPIN A. HARRIS, M.D., D.D.S., Late President of the Baltimore Dental College, etc. 12th Edition. Revised and Edited by FERDINAND J. S. GORGAS, A.M., M.D., D.D.S., Author of Dental Medicine, Professor of the Principles of Dental Science, Dental Surgery and Dental Mechanism in the University of Maryland. With one full-page plate and 1086 illustrations. Philadelphia: P. Blakiston, Son & Co. Baltimore: Cushing & Bailey. 1889. Pp. 1222. Price Cloth, \$7.00. Leather, \$8.00.

This book, which has grown to such an enormous size in its twelfth edition, is the standard text-book for all dental students and dentists. It has been revised and edited up to the latest advances of dentistry.

*Address of Albert R. Baker, M.D., at the opening of the Medical Department of Wooster University, Cleveland, Ohio.* (Reprinted from the *Cleveland Medical Gazette*, March, 1889.)

*Manual of the United States Hay-Fever Association.* Containing a Report of the Annual and Adjourned Meetings of 1887, Scientific Essay.

*The Early Recognition of Cancer of the Cervix Uteri.* By HENRY C. COE, M.D., M.R.C.S., Pathologist to the Woman's Hospital; Assistant Surgeon to the New York Cancer Hospital. (Reprint from *Medical News*, Feb., 16, 1889.)

*Yellow Fever, Absolute Protection Secured by Scientific Quarantine.* Cuba in its Relation to the Southern

United States; its Dangers as a Disease — Producing and Distributing Center. By WOLFRED NELSON, C.M., M.D., Member of the College of Physicians and Surgeons, Province of Quebec, Canada; late Board of Health, State of Panama, South America; Correspondent State Board of Health, California, etc.

*Melancholia in a Woman Aged About Sixty-five Years.—Recovery Under Treatment.* By A. L. HODGSON, M.D., of Baltimore. (Reprinted from the *Maryland Medical Journal*, February 23, 1889.)

*On the Relation of the Nasal and Neurotic Factors in the Etiology of Asthma.* By F. H. BOSWORTH, M.D., E. L. SHURLY, M.D., W. H. DALY, M.D., ANDREW H. SMITH, M.D., Reprinted from the *New York Medical Journal* for January 19, 1889.

*Laparotomy for Ascites.* By THOMAS A. ASHBY, M.D., Member of American Gynecological Society, etc., of Baltimore. (Presented to the American Gynecological Society, September 1888.) (Reprinted from the *American Journal of Obstetrics*, January 1889). Baltimore: Journal Publishing Co., Print, 1889.

*The Science of Successful Surgery.* By JOHN B. ROBERTS, M.D., Professor of Anatomy and Surgery in the Philadelphia Polyclinic, etc. The Annual Address at the Philadelphia Academy of Surgery. Reprinted from the *Journal of the American Medical Association*, February 16, 1889.)

*On Some Mild Measures in the Treatment of Intra-Nasal Hypertrophies and Inflammations.* By W. H. DALY, Pittsburgh, Pa. From the *Medical and Surgical Reporter*, November 17, 1888.

*Annual Report of Morse Dispensary of Cooper Medical College for 1888.* San Francisco.

*Cooper Medical College, San Francisco, Annual Announcement. Session of 1889.*

*Union Protestant Infirmary. Thirty-fourth Annual Report 1888.*

*Seventh Annual Report (for the year 1888) of the Baltimore Eye, Ear and Throat Charity Hospital, 1889.*

*Biennial Report of the State Board of Health of the State of West Virginia for the Years 1887-1888.*

*Reports from the Consuls of the United States. N. S., No. 1. January 1889.*

*Station-List of Officers of the Medical Department and Hospital Stewards of the Hospital Corps, United States Army, March 1, 1889.*

*Scribner's Monthly for March and April, 1889.*

### Miscellany.

PERIPHERAL NEURITIS.—The second number of the *Archives de Médecine Expérimentale* contains three papers bearing on the subject of peripheral neuritis. The first, by MM. A. Joffroy and Ch. Achard, adds one more to the growing catalogue of conditions associated casually with this affection. It is based on the record of a case in which well-marked symptoms—as persistent and severe pain, followed by muscular paresis, and wasting of all the extremities—occurred about nine months before the patient's death from an attack of cerebral hæmorrhage and pneumonia. Degeneration of nerve fibres was found in the main nerve trunks of the limbs in varying degree, but in all more marked in the peripheral nerves. In addition, there was found obliterating arteritis in the nerve—e. g., in the sciatic,—and it was to the resulting loss of nutrition that the “neuritis” was attributed. Indeed, a parallel is drawn between the changes thereby produced in a nerve trunk and those of cerebral softening

from arterial thrombosis. It is remarked that, had the patient not succumbed to pneumonia, senile gangrene would have developed, and might have been referred erroneously to the neuritis; whereas both conditions would have owned the same origin—viz., obliterating arteritis. The next paper, by the same authors, deals with a case of tabes complicated with cutaneous gangrene, in the left great toe, but with neuritic changes far more marked in the nerves supplying some of the other toes. Hence the writers do not attribute the gangrene to the neuritis, nor could they assign pressure as its cause; but refer the gangrene as well as the neuritis to the disease of the cord. Another factor in the production of peripheral neuritis in this case was the presence of tuberculosis, from the effects of which the patient died. The third paper, by MM. Déjérine and Sollier, comes as an instructive pendant to the foregoing, since it deals with the subject of “peripheral tabes,” to which M. Déjérine had previously drawn attention. The case was one of a man fifty-four years of age, who for fifteen years had suffered from incoördination of the lower limbs, marked lightning pain, and disturbance of sensation. The patellar reflex was, however, present. This patient also died from phthisis. The spinal cord and nerve roots were found to be healthy, but there was very marked peripheral neuritis, especially in the cutaneous nerves of the lower limbs, less marked in the muscular nerves, and slight in the cutaneous nerves of the hands. The sciatic nerves were quite normal. It is pointed out that the recognition of peripheral tabes, due to neuritis, involving mainly sensory nerves, is of practical value, since peripheral neuritis is often curable. The etiology of the case was obscure, neither alcoholism nor tuberculosis (although both had at one time or another been present) accounting for it. —*Lancet*

A NEW OPERATIVE TREATMENT OF EMPYEMA.—The treatment of empyema offers great difficulties when the lung is completely collapsed as the result of long compression by a purulent effusion. In



such cases since 1879, Estlander and others have advocated the resection of large portions of the ribs with opening of the thoracic cavity. Schede, modifying this operation, removes not only the rib, but also its periosteum and subjacent pleura,—that is to say, he takes away the inner chest-wall, with the exception of the skin. Sprengel has introduced still another modification by making a subperiosteal resection of two ribs throughout almost their entire length, and then opening the pleura, and washing out the pleural cavity. This procedure, according to its introducer, has given excellent results where other means have proven unsuccessful. Prof. Saubbotine (*Gazette Hebdomadaire des Sciences Médicales*, January 26, 1889) thinks that the methods of Estlander and Schede are accompanied by great dangers from the fact that they leave a large denuded surface constantly bathed in pus, and may readily so lead to blood-poisoning. He thus has endeavored to preserve the surface of the wound from this contact. He starts with the idea that, to cure an empyema with complete collapse of the lung, it is unnecessary to remove the ribs, but that it is quite sufficient to perform on them a subperiosteal section. A rib being incised in two points, it is only necessary to exert pressure on the middle segment to reverse entirely the normal convexity of the rib, thus diminishing the cavity of the pleural sac. The following is his operative measure: The patient being anæsthetized, the skin is divided horizontally along the seventh rib, which is freed from its periosteum for a space two to four inches in length. The pleura is then opened and the purulent contents evacuated and washed out with some antiseptic liquid. After that the wound is closed and sealed. An incision is then made along the border of the great pectoral muscle, and through this incision the fourth, fifth, and sixth are divided, and a small place resected so as to make them pliable. A similar incision is then made in the subaxillary line and the same ribs are again divided. The two vertical incisions are then closed by sutures and then covered with antiseptic dressing.

If the antiseptic precautions have been carefully observed, the wounds made in resecting the ribs heal by first intention.

The advantages of this operation over that of Estlander's are the following:

First, the costal wounds, if the necessary precautions have been taken, do not come in contact with the pus, and heal like simple fractures or subcutaneous osteotomies.

Second, the divided ribs becoming flexed greatly reduce the volume of the pleural cavity, and, consolidating later in this position, they furnish a sufficient support to the vertebral column, thus diminishing the tendency to deformity of the latter.—*Therapeutic Gazette*.

**CHLOROFORM IN THE TREATMENT OF DYSPEPSIA.**—Chloroform administered in the various forms of dyspepsia overcomes fermentation and flatulence; it is best given in the following formulas:

1. *Method of* DR. WILS.—From ten to twenty drops of chloroform, to be taken in a few spoonfuls of sweetened water, in flatulent dyspepsia. After a few minutes eructations occur, followed by improvement.

2. *Method of* DR. HUCHARD.—Administer before each meal one dessertspoonful of the following:

℞.—Chloroform water . 150 parts.  
Mint water . . . 30 "  
Water . . . 120 " —M.

Or, from eight to ten drops of the following mixture in a wineglass of water.

℞.—Tincture of nuc. vomica }  
Tincture of gentian } aa ʒj.  
Tincture of anise }  
Chloroform . . gtt. xx-xl.—M.

An appropriate diet and oxygenated waters at meal-times form part of this treatment.

3. *Methods of* DRS. REGNAULT and LASEQUE.—This treatment applies particularly to painful dyspepsia with dilatation of the stomach:

℞.—Chloroform water . 150 parts.  
Orange-flower water 50 "  
Water . . . . 100 " —M.

One dessertspoonful to be taken, at intervals of fifteen minutes, until the pain ceases.

Or the following for the same affections:

—Chloroform water . 150 parts.  
Tincture of anise . 5 "  
Water . . . . . 145 " —M.  
—*Revue gén. de Clin. et de Thérap.*,  
February 28, 1889.—*Med. News*.

THE THERAPEUTIC ACTION OF HYOSCINE.—In the *Therapeutische Monatshefte* for January, 1889, Dr. Kny, of Strasburg, reports the results of the administration of the muriate of hyoscine in subcutaneous injections in eighty-eight different cases occurring in the Strasburg clinic for nervous disease. In 82.2 per cent. the result was successful, sleep lasting from six to eight hours occurring within an hour after the administration of the dose. The majority of failures occurred in cases where the insomnia was not accompanied by any motor disturbances; while, on the other hand, where there were marked motor symptoms, as in mania and paralysis, the result was the most favorable. The dose was from  $\frac{1}{12}$  to  $\frac{1}{4}$  gr., although sometimes the dose had to be increased on account of the patient becoming accustomed to the drug. One-twentieth of a grain a day was the largest amount ever given. Disagreeable after-effects were seldom observed, and these consisted of dryness of the throat and thirst. Heart-disease does not appear to be a contra-indication for its use, since it was used in a case of aortic insufficiency with good result. Tastelessness, ready solubility, and cheapness are special recommendations for the drug. Dr. Kny gives the preference to hyoscine for a hypnotic in case of great excitement; while sulphonal is preferable in cases of insomnia not so accompanied by motor disturbances. In paralysis agitans and multiple sclerosis hyoscine proved to be a palliative remedy.—*Therapeutic Gazette*.

SACCHARIN AS AN ANTISEPTIC.—According to article in a French medical journal, saccharin may be very usefully employed as an addition to mucilaginous and other solutions, which are apt to

develop fungi, as it enjoys the property of preventing the formation of low-organisms, even when it is present in only small proportions. A strength of 1 in 500 is sufficient to prevent the development of staphylococcus pyogenes aureus, and a strength of 1 to 200 the development of B. termo. Thus a valuable but inexpensive dentifrice may be prepared by simply dissolving saccharin in water to the proportion of 6 per cent. A teaspoonful of this in a half pint of water, forms an admirable antiseptic mouthwash. In cases of malignant or other disease of the stomach requiring the washing out of that organ, a solution of saccharin of the strength of 2 per cent. will, according to this authority, be found very suitable. As a quantity of twenty centigrammes, or about three grains, can be taken during the day without detriment to the digestive functions, the addition of the minute amount necessary to render mucilaginous solutions permanent cannot be regarded as in any way injurious.—*Lancet*.

A NEW ANTIDOTE FOR MORPHINE.—In the *Internationale Klinische Rundschau* for January 27, 1889, Professor Arpad Bokai recommends picrotoxine as an antidote for morphine, on the ground that it exerts an antagonistic action to morphine on the respiratory centres; for, while morphine tends to paralyze these centres, picrotoxine exerts a powerful stimulating effect. Since, therefore, death in morphine poisoning is usually attributable to paralysis of the respiratory centre, on this ground alone picrotoxine should be indicated as a valuable antidote. Further, morphine may produce such rapid reduction in blood-pressure as to endanger life; while picrotoxine, on the other hand, is a powerful stimulant to the vaso-motor centre, and is in this respect also an antagonistic to morphine. Professor Bokai adds that the action of morphine on the cerebrum is directly opposed to that exerted by picrotoxine. Finally, Professor Bokai suggests that the previous administration of a small dose of picrotoxine might reduce the danger of asphyxia in chloroform narcosis.—*Therapeutic Gazette*.



### Medical Items.

A Homœopathic Congress is to be held in Paris this year.

Dr. Edward T. Bruen, of Philadelphia, died last week of pneumonia.

Nashville, Tenn., has appropriated \$20,000 for a new city hospital.

The Emperor William of Germany has forwarded the modest sum of \$150 for the benefit of the new City Hospital.

M. Berthelot has been elected perpetual secretary of the French Académie des Sciences, in the place of M. Pasteur.

The Medical and Chirurgical Faculty of Maryland, will open its ninety-first session, April 23, 1889.

A cablegram from the Hague, dated March 25th, announces the death of Professor Francis Cornelius Donders, the eminent ophthalmologist, aged seventy-one years.

Dr. Ernst Ritter von Brücke, Professor of Physiology at Vienna, being in his seventieth year, will retire at the end of the present session.

The Texas State Medical Association, will hold its annual meeting at San Antonio, April 23, 24, 25 and 26. Medicine is very progressive in the Lone Star State.

A severe epidemic of yellow fever is raging at Rio de Janeiro, 400 cases being reported daily. The disease is of comparatively mild type.

The Iowa City Board of health has prohibited the sale of Limburger cheese, on the ground that it is dangerous to the public health.

The annual session of the Medical Association of the State of Mississippi for the current year, will be held in the City of Jackson, commencing on April 17th, at noon, and continue three days.

The South Carolina Medical Association will hold its next annual meeting at Charleston, S. C., on Wednesday, April 24, 1889. An address will be delivered by Dr. Robert Battey, of Rome, Ga.

The University of Maryland will hold its Annual Commencement on Monday April 8th, at 12 M. at the Academy of Music. The Alumni Association will meet the same night at 8 P. M.

The chair of Anatomy at the University of Gratz vacated by Professor Zuckerkandl, on his appointment to the chair in Vienna, has been offered to and accepted by Professor Wilhelm Henke of Tübingen, the author of the well-known Handbook of Anatomy.

Professor William Osler, of Johns Hopkins University will deliver the Annual address before the Medical and Chirurgical Faculty of Maryland on Wednesday April 24th, at 12 M. His Subject will be "The License to Practise" and he will discuss the question of State Boards.

The Woman's Medical College, of Pennsylvania, graduated thirty-six physicians at its thirty-seventh commencement, March 7. Among them was an Indian and a Japanese woman, the first of their nationalities and sex ever graduated in medicine. Dr. Le Flesche, the Indian, is a graduate of the Hampton School.

The municipality of Berlin intends to create a new establishment for 700 epileptic patients, capable of being so enlarged as to receive 1000, at Bissdorf, a village near the city. It is to have a farm and ample grounds attached to it, and is to consist of a central building and many cottages scattered over the grounds, each with a garden around it. The whole will cost 4,730,000 marks (about \$1,182,500).

The third obstetric clinic at the Vienna Hospital, the director of which is Dr. G. Braun, has had to be closed on account of the occurrence of an epidemic of puerperal fever. This is believed to be due, not to any want of antiseptic precautions, but to the unsatisfactory hygienic condition of the building, which is old, and in which there have been repeated epidemics of puerperal fever.

Professor Gerhardt, Rector of the University of Berlin, having come to London for a consultation on Tuesday last, Sir Andrew Clark happily took advantage of the opportunity to invite a large number of professional friends to meet him in the evening. Some three or four hundred attended the reception to do honor to their German *confrère* amongst whom were nearly all the physicians and surgeons of the metropolitan hospitals.

A New Prize in Hygiene has been founded by the widow of the late Dr. Pier d' Hony, of Milan, in memory of her husband. The prize amounts to 1000 fr., which the Royal Italian Society of Hygiene will award for the best memoir on a question of industrial hygiene, special attention being paid to prophylaxis and precautions against disease, injuries, and accidents of any particular field or fields of labor. The memoir must be in the hands of the Society by February 29, 1890.

Professors Du Bois-Reymond and von Helmholtz are at the head of a branch committee in Berlin to co-operate with the central committee in Munich for the erection of a national monument to Georg Simon Ohm, one of the greatest of European electricians. The English and French committees for the same object have now their counterpart in an Italian one, which includes Professors Blaserna of Rome, Righi of Bologna, and Macaluso of Palermo. Spain joins the movement through her Professor de Luna.

## Original Articles

### ANTIPYRETICS IN TYPHOID FEVER.\*

BY F. M. LATHAM, M. D.

Chief of Medical Clinic, University of Md.

I do not bring the subject of this paper before you to offer any new theories or to give you any new antipyretic, but in order to bring out a free discussion of antipyretics and their use in typhoid fever. This is the day of antipyretics. Almost every journal tells us of some new drug that has remarkable antipyretic action. The wholesale use of antipyretics is sure to do harm and to give an antipyretic merely because a patient has typhoid fever shows a great lack of knowledge on the part of the practitioner. At least he should pick his drug and not use one to the exclusion of all others.

The experience of some lead them to think that the value of antipyretics is overestimated and even go so far as to say that the temperature in ordinary cases of typhoid fever seldom calls for treatment, the general condition had better be looked after. The upholders of antipyretics contend, with a great deal of reason, that they are doing this by keeping down the temperature. The patient is certainly more comfortable with them than without them. Laying aside the comfort of the patient I believe the reduction of heat is of great value in every case. We know that at the ordinary temperature of the body, the nitrogenized tissues wear away slowly, and their oxidation is a trivial affair—but, as soon as the body-temperature rises the nitrogenized tissues begin to melt down rapidly by oxidation, and there is found a corresponding excess of histolytic products in the blood. The higher the temperature, the greater the waste of the nitrogenized tissues, especially the muscles. A microscopic examination of the muscles after death in prolonged fever demonstrates that they are subjects

of extensive structural changes. Such being the actual condition of the muscular structures of the body we can feel no surprise at the sense of prostration which is so marked in typhoid fever. It has been proven that there is a close correspondence (a direct relation) between the amount of urea and the temperature; the greater the amount of urea, the greater the temperature.

The functional disturbances of the nervous system are chiefly produced by waste products in the blood. These conditions and this excessive waste, are the dangers of a sustained high temperature and the object for which antipyretics are used.

Heat dissipation is regulated through the vaso-motor system and is lost chiefly by the skin. Rosenthal has divided the body into an internal, or heat producing area, and an external, or heat losing area, with a mixed or intermediate plane. In the internal area heat is being produced by combustion; in the outer area where the blood is circulating through the skin, the heat is being lost or gotten rid of by radiation into the surrounding cooler air. It is obvious that a great effect must be produced by the amount of blood circulating in these areas. It would seem then that in fever we have the very condition most favorable for the dissipation of heat, as we have a dilatation of the peripheral arterioles, with a rapid action of the heart. But in fever we have "a disturbance of calorification in which, through the influence of the nervous system, heat dissipation and heat production are both affected." (Wood.)

For the purpose of lowering the body-temperature various means have been resorted to, from time to time, according to the state of knowledge and the fashion of the day; consequently we have had bleeding, diaphoretics, depressants, various applications of cold, and a strictly scientific use of agents, acting upon the circulation, and through it affecting the temperature. Then we have remedies which act on heat productions through the inhibitory nerve apparatus. These may be termed true antipyretics if we have any. Others act by increas-

\*Read before the Clinical Society of Maryland March 15, 1889.



ing heat dissipation. In this way act all agencies which cause vaso-motor paralysis and might be termed false antipyretics.

In this paper I will speak only of a few of the more prominent remedies in use to-day.

First, I will call your attention to a class of drugs that were given, and are at present given by some, as a routine treatment, thinking that they had some effect in keeping down the temperature. I speak of the mineral acids. The idea that they keep down the temperature is no longer entertained, but there can exist no doubt as to their practical efficacy in typhoid fever. Dr. Flint reduced the mortality in a number of cases from 20 per cent. to 10.25 per cent. by the use of hydrochloric acid, substituting sulphuric when there was need of an astringent. They are pleasant and grateful to the patient. They increase the secretion of the mucus, and thus relieve the dryness of the tongue and fauces, and aid the digestion.

Alcohol is very effective at times in pyrexia for dissipating heat, although this property is not ascribed to it very often by some, who use it in every case of typhoid fever. This action of alcohol has been the subject of much investigation, and of no little discussion, but I believe all observers now concede this property to it. We see alcohol used very frequently merely because the patient has typhoid and no doubt it has been used too freely, thus causing a tendency to underrate its importance. It should as a rule be used toward the end of the second week, for then we meet with feebleness of the circulation as detected by the pulse and heart sounds, muscular tremors, a dry brown tongue and all symptoms which indicate failure of the vital powers. And who has not seen under these conditions, when alcohol is given, the temperature fall, the pulse increase in force, with diminished frequency, and more regular, the restlessness and delirium give way to sleep, and the tongue become moist. But on the other hand, (and its effects should always be watched carefully) if the tongue becomes

dry and the patient more restless, the delirium more active, the temperature higher, and the pulse more frequent, then alcohol is contra-indicated. The amount to be used varies in each case. Usually a half ounce of whiskey or brandy every 4 hours is sufficient, but it may take an ounce every hour to produce the desired effects.

The sulphate of quinia administered before the evening exacerbation in from 20 to 40 grain doses, until recently held the first rank of antipyretic drugs. But it has dropped from the first place for more pleasant and more certain antipyretics. The action of quinia is slow, the temperature beginning to fall from 4 to 6 hours after administration, and reaches its maximum in about 12 hours. Then it will remain stationery from 12 to 24 hours. As a rule, the temperature rarely ranges as high as before the quinia was administered. It rarely produces cinchonism more than a transient deafness after the first dose. It has no depressant action. Its action is explained by virtue of some effect upon the nervous system. Combined with digitalis it is very efficacious, and meets the indications in the latter stages of the fever, as we have a partial vaso-motor paralysis, with dilated arterioles, a low blood pressure and increased tissue change. Digitalis retracts these vessels, raising the blood pressure. Bernheim found that digitalis alone produces a lowering of the temperature in typhoid fever. That the pulse and temperature fell together. One of the disadvantages of quinia, is that you cannot keep down the temperature by repeated small doses. It acts only as an antipyretic in large doses. Quinia and digitalis are specially indicated when we have a moist skin. Quinia is also very efficacious after a cold bath to keep the temperature from rising.

The antipyretics acetanilide (antifebrin) and antipyrin are the fashionable antipyretics of the day, and justly so, for both are very powerful and useful antipyretics.

Antipyrin, a whitish crystalline powder, somewhat bitter to the taste, and soluble in its own weight of water, is used in doses from 3 to 60 grains. Non-

irritating to the stomach, it is freely soluble and readily diffuses into the blood, and there brings about changes of a characteristic kind. "The corpuscles are altered in form, the hæmatin separated, and the whole mass of blood assumes a chocolate tint." Of course it is understood, that it is the use of the remedy in toxic quantities that brings about decomposition of the blood. The reduction of temperature which sometimes attains to several degrees may take place promptly, say within an hour, but as a rule it falls gradually, and reaches its maximum in from 3 to 5 hours. A special characteristic of antipyrine is the long duration of the apyrexia, lasting from 5 or 6 to 24 hours, and the subsequent gradual increase of the morbid heat. Coming on with a reduction of temperature, but more slowly, is noted a diminution in the frequency of the pulse, lasting in most cases several hours, followed by sweating, often profuse, by coldness of the surface and chilliness, and sometimes vomiting, and an increased diuresis. A short stimulant stage sometimes precedes the depression. The onset of the next febrile exacerbation is preceded by chilliness, which is at times severe. There is no singing in the ears, torpor or vertigo. Sometimes it produces a rash, which makes its appearance after a few days use of the drug, and lasts at its longest 5 days. The following sentence I copy from a pamphlet published by the manufacturers of antipyrin, who certainly will, if anybody will, hide all the dangers and ill effects of the drug. But this is what they say: "Antipyrin must not be thought of in the case of persons having a weak heart, and it is advisable to treat very emaciated individuals with small doses only." And again, "very robust persons and those who up to the time of the appearance of febrile disorder have been healthy, can bear comparatively large doses of the medication without harm." Excessive sensitiveness of patients to the effect of antipyrin has been observed frequently, and this indicates the necessity of carefully ascertaining in the first place the requisite dose and watching its influence on the temperature and pulse, at any rate

in cases of children. The usual antipyretic dose is 60 grains to be given in 2 doses at intervals of an hour or in 4 doses at same intervals. It generally requires from 60 to 90 grains per day to keep down the temperature, and 120 grains may be required.

Acetanilid, a white crystalline powder, slightly soluble in water, is used in doses from 3 to 7 grains. Non-irritating to the stomach, it is quite diffusible, passing readily into the blood, and, in toxic quantities, setting up changes of a serious nature; forming methy-hæmaglobin, thus destroying the "ozonizing functions" of the blood. It contracts the periphreal arterioles, and slows somewhat the action of the heart, the pulsation gaining in force. This is not followed by depression. It has advantages in the small doses necessary, in the thoroughness and safety of its action, and by absence of severe rigors and cardiac depression. You can keep the temperature down by small doses at intervals, particularly in children. The temperature begins to fall in a half hour after the drug is administered and lasts from 12 to 24 hours. Then the febrile exacerbation again occurs. But we do not have with it severe rigors and depressions as with antipyrin. Much sweating accompanies or immediately precedes the onset of the exacerbation, and the evaporation from the surface causes a sensation of chilliness, but severe depression of the circulation and of the respiration, is not ordinarily met with, although in a few instances an idiosyncrasy may account for exceptional results.

Nausea, vomiting and gastro-intestinal disorders have resulted from its use in the hands of some. It is used almost altogether in the hospitals of this country and Europe and is considered the safest of the antipyretic drugs. Its action upon the circulation even indicates it where you have a weak heart.

The application of cold in the treatment of febrile conditions dates back beyond the days of Hippocrates and seems to have taken its origin in man's instinctive acts long before the era of written letters. Sydenham was the first of modern physicians to treat fever sys-



tematically by cool surroundings, cold water and fresh air. After him it was advocated by Currie, but it was left to Liebermeister and Jürgensen, to put it upon a well established basis. It is a rational and sensible plan of getting rid of heat, and although there are prejudices to this plan of treating hyperpyrexia, I believe it will grow in favor more and more, and will soon override all prejudices. The feeling of comfort, the loss of muscular weariness, the diminished thirst, given by a cold bath all testify to the relief afforded by the reduction in the temperature. The feelings of the patient will usually demand the continuance of the treatment, even if the friends are somewhat timid, and unnecessarily afraid of potential evil results. External cold at first stimulates, but afterwards depresses the production of heat and the temperature continues to fall after the patient is taken out of the bath. It but slowly regains its former position, because there is diminished heat production, with a decrease of tissue waste. One authority affirms that there has been from 6000 to 8000 cases of typhoid fever treated in Austria, Prussia and Russia with mortality of 4.5 per cent. to 7.6 per cent. The previous expectant method varied from 18 per cent. to 25 per cent. The failure of the method by some is due to the inefficient carrying out of it. Liebermeister says that the statistics will show that the mortality under the cold water treatment is not one-half what it formerly was. One physician in Europe has treated 200 cases in private practice with not a single death. Such statements as these and they can be verified, certainly puts this treatment in the first rank, and the one, to be preferred, all things being equal. All, who advocate the use of cold water treatment, agree, that, although the mortality is very much reduced, the duration of the disease is only shortened in so far as the complications are avoided. Convalescence is much more rapid, as the patient is left much stronger than he is when the expectant plan is persued. It has determined opposition, and although it is used in the hospitals of Europe and this country it has not come into gen-

eral use in private practice. The methods of applying cold are familiar to all of you, so I will not dwell upon them. From the mass of evidence now existent, I must admit that the cold bath is safer and more efficient than any antipyretic yet known to us. There is but one contra-indication to its use, and even that is not considered one by some. That is intestinal hemorrhage. Bronchitis and pneumonia, when due rather to hypostasis than to inflammation (and this is the form we generally meet with), are not obstacles in the hands of experienced men in this treatment. Sudden collapse or when collapse is existent, clinical experience seems to point against the use of cold. The bath is the best method of applying cold and the one most employed in hospitals, but is not used in private practice on account of the inconvenience. A portable bath tub, that can be readily filled and emptied, brought to the bedside of the patient causes less fatigue and disturbance and is to be preferred. The patient wrapped in a sheet is to be lifted by a sufficient number of attendants into the bath. Under no circumstances should the patient be allowed to help himself at all. When no portable bath-tub is at hand, a good substitute is a cot, the canvas or bottom so loose as to sag down several inches. Nail a board across the top and bottom of the cot and fasten the canvas to this. Put a rubber blanket over this and lift patient upon it in a sheet. Then sponge the patient freely, sousing rather than sponging with cold water, with a large carriage sponge. The patient during the sponging lies in a pool of water and all the effects of a cold bath is obtained by removing with the sponge this water as fast as it is heated, and sousing fresh cold water freely on the upper part of the patient. This method will not meet with such opposition by the friends and I think is more adapted to private practice. After sponging, the wet-pack is the most effective. Cold is not employed after the second week in the hospitals in general in this country.

In carrying out the antipyretic treatment a few certain general considera-

tions should never be forgotten. It should be remembered that the treatment is against a symptom only and hence it is to be used heroically only when that symptom threatens danger. As it is possible to cool the axilla without cooling the interior of the body, all temperatures should be taken in mouth or rectum, in case the cold bath is used.

4 NORTH AVENUE, WEST.

# THE REMOVAL OF THE TUBES AND OVARIES FOR PELVIC INFLAMMATION, WITH THE REPORT OF FOUR CASES.\*

BY B. BERNARD BROWNE, M. D.,

Professor of Diseases of Women in the Woman's Medical College of Baltimore.

In many cases of pelvic disease accompanied by pain and inflammation either a tumor or displacement may be found which may account for the symptoms. In other cases, however, nothing further can be discovered than tenderness and enlargement of the tube on one or both sides. In these latter cases the suffering is generally increased during the menstrual period by the local congestion that then takes place. Fresh attacks are brought on by the slightest causes such as over exertion, taking cold, and by applications of the mildest kind when only applied to the vaginal tract. Intra-uterine applications or interference will invariably bring on a fresh attack of more or less intensity.

This condition is generally recognized as "chronic cellulitis," but differs from cellulitis in any other part of the body. For in all connective tissue inflammations the affected structure either dies and sloughs out or the infiltration becomes completely absorbed.

Dr. A. W. Johnstone, of Kentucky, has called attention to the fact that whereas, the physiological changes in natural cell-

ular tissues are slow, the normal increase of epithelium is steady if not rapid, and that slight interference may be sufficient to change a physiological into a pathological process, and that many a simple effusion in the tube ultimately becomes purulent by the shedding of its epithelium into that fluid, exactly as a hydrothorax of long standing is ultimately converted into an empyema; by these alterations the irritation is kept up and thus reacts on the new tissue formed by the first inflammation, and in turn becomes the predisposing cause to new inflammations.

A very large proportion of women suffering from diseased tubes are married or have had children or miscarriages. Abortions seem to be the cause of more cases than labor at full term.

It is a very difficult matter to trace out the effect that latent gonorrhœa in the male has in producing disease of the tubes.

But I believe that if the truth could be arrived at a very large percentage could be put down to this cause.

When Dr. Noeggerath read his paper upon Latent Gonorrhœa, before the American Gynecological Society in 1876, few were willing to admit the correctness of his conclusions, but many now accept them as at least partially correct. He claimed that.

1. Gonorrhœa in the male, as well as in the female, persists for life in certain sections of the organs of generation, notwithstanding the apparent cure in a great many instances.

2. There is a form of gonorrhœa which may be called latent gonorrhœa, in the male, as well as in the female.

3. Latent gonorrhœa in the male, as well as in the female, may infect a healthy person with acute gonorrhœa or gleet.

4. Latent gonorrhœa in the female, either the consequence of an acute gonorrhœal invasion or not, if it pass from the latent into the apparent condition, manifests itself as acute, chronic, recurrent perimetritis, or ovaritis, or as catarrh of certain sections of the genital organs.

5. Latent gonorrhœa, in becoming ap-

\*Read before the Clinical Society of Maryland January 4, 1889.



parent in the male does so by attacks of gleet or epididymitis.

6. About ninety per cent. of sterile women are married to husbands who have suffered from gonorrhœa either previous to, or during married life.

In single women suffering from the symptoms of pelvic inflammation the ovaries are more frequently affected than the tubes, and are found in a state of atrophy or cystic degeneration. With this condition of the ovary the uterus is frequently found in a state of arrested development.

The before mentioned pathological conditions both in married and single women being important elements in causing sterility, if not complete barriers to impregnation, it cannot be fairly claimed, that the removal of these diseased structures deprives the woman of future offspring.

It would be as fair to claim that amputation of a man's leg for incurable disease of the foot, was the cause of his future lameness.

In the following four cases the tubes and ovaries were removed for pelvic inflammation which was incurable by any other means.

CASE 1. E. M. aged 22, unmarried, has suffered great pain in the pelvis for several years, worse at menstrual periods which were profuse, had been unable to work for two years, confined to the bed most of the time.

Tubes and ovaries sensitive to pressure, uterus enlarged. The usual treatment for such conditions was of no benefit.

Ovaries and tubes were removed; the former were enlarged and cystic.

After recovery from the operation she gained in health and strength, had no return of the pains, and has been able to earn her living at general housework.

CASE 2. Miss M. I., aged 28, single, had dysmenorrhœa and pelvic pains, which had made her an invalid since menstruation first commenced at 16, was unable to walk. Upon examination the uterus was found to be infantile in size, measuring about  $1\frac{1}{2}$  inches, and was sharply anteflexed, with stenosis at internal os. Dilatation with electricity was resorted to with the hope of some

benefit as general treatment of every kind had been carried out before I saw her.

This also proved a failure and did not improve her condition in the least.

As the ovaries could be distinctly felt through the attenuated abdominal walls by bimanual examination, as two hard and atrophied nodules, the operation of removal was offered and accepted as a last resort. After recovery from the operation, she soon commenced to improve in health and strength, and being free from all pelvic pain took on flesh quite rapidly, and now can take long walks and endure a considerable amount of fatigue without any bad effect. Before the operation she had to be carried up and down stairs and had been unable to walk or ride for several years.

CASE 3, Mrs. B. N., aged 35, widow, has had several children and two miscarriages.

Since the last miscarriage some ten years ago, she has had almost constant pain in her left side, which rendered her unable to do any work and confined her to her bed for the most of the time. The uterus was enlarged and tender and fixed in a left retro-flexed position from which it could not be removed. Two bodies the size of enlarged ovaries were felt posterior to it, and the diagnosis of prolapsed ovaries and retroflexion was made. Upon removal it was found that one of these bodies only was a prolapsed ovary and the other a small pedunculated fibroid attached to the retroflexed fundus, the right ovary was drawn somewhat backward by the uterus and was found to be atrophied and hence escaped detection, through the thick abdominal walls, the woman being quite fleshy. This operation was done under very unfavorable circumstances, the weather being extremely hot, and she being unable to get proper attention. She died on the 3rd day.

CASE 4. Mrs. V., 28 years of age, married 12 years, had 4 children 2 miscarriages, the last in March 1888, at which time she had septicemia, followed by cellulitis. Suffering great pain in the pelvis, she had been kept under morphia and chloroform from March to July

when I first saw her. The usual treatment for her condition had been carried out before I saw her,

Upon examination I found an enlarged ante-flexed uterus deeply congested, the tubes enlarged, the left one extremely sensitive to the touch. Local treatment increased the pain in the pelvis.

In November found that she was getting worse instead of better and that she was getting the morphia habit. After having her condition explained to herself and family, she willingly consented to the operation for the removal of the tubes and ovaries on December 10th, 1888, from which she is now rapidly convalescing and has ceased to suffer from her old pelvic pains.

The tubes on the left side contained pus while that on the right was also enlarged and contained serum.

In regard to the danger of the operation the mortality should be small, provided it is done under favorable circumstances. Mr. Lawson Tait's last series of 1000 cases only gave a mortality of 5 per cent. in all abdominal operations.

In conclusion I would make the following summary:

1. That pelvic disease accompanied by pain and inflammation often occurs where neither tumor nor displacement exists to account for it, and where nothing more can be found than tenderness and thickening of the tubes.

2. That disease of the tubes is more common in married women or those who have had children or abortions.

3. That the ovary is more commonly affected in single women and then it is frequently accompanied by defective development in the uterus.

4. That both of these conditions render the woman almost necessarily sterile.

5. That in removal of the tubes great care should be taken to remove them as close to the uterus as possible so as to embrace the nerve trunk that enters the cornu of the uterus in the angle between the round ligament and the tube which has been proved to have a powerful agency in the process of menstruation and in the formation of tubal and uterine epithelium.

1218 MADISON AVE.

## A CASE OF SENILE CHOREA; WITH REMARKS.\*

BY J. M. ANDERS, M.D.,  
OF PHILADELPHIA.

By the majority of authorities, chorea in aged persons is believed to be rare. Not many years ago, writers on the subject of chorea held that old age was of itself conclusive evidence that this disease did not exist in any given case. But since the collection and publication of twelve cases by Robert Saundby,† in 1884, the fact that senile chorea is a distinct affection, can no longer be doubted. From ordinary chorea, which usually occurs during the period of approaching puberty, it differs widely as to etiology, and, probably, pathology as well. Believing that the extreme rarity of the occurrence of chorea in the aged fully justifies those practitioners of medicine who meet with it in publishing an account of their cases, I make no apology for placing on record the following case, which came under my notice in the Episcopal Hospital. The resident physician, Dr. G. B. Tulidge, has kindly furnished notes, of the case, to which only slight additions have been made.

J. B., aged sixty years, occupation cloth-cutter, was admitted to the medical ward of the Episcopal Hospital, August 27, 1888. Patient, prior to present trouble, was in most excellent condition. He has had smallpox, three attacks of gonorrhœa, and acute articular rheumatism, all over thirty years ago. His habits have ever been temperate, though he has occasionally indulged in alcoholic drinks. His father, of sound body, was drowned. His father's brother died of old age, at ninety years, and his mother, prior to death from cholera, in 1847, had always been in vigorous health.

He attributed the present attack to exposure while at Atlantic City in July, 1887. One hot night he slept with his head on the sill of an open window; the wind changed, the temperature fell, and he awoke cold, chilly, and suffering with

\*Read before the Philadelphia County Medical Society, March 13th, 1889.

†Lancet, November 24, 1884, quoted by Sinkler.



pain and stiffness in the muscles of his neck. From that morning began the symptoms now complained of. The patient, an American, by birth, has always lived in Philadelphia, is five and one-half feet tall, and spare, though as well nourished as he has ever been. He comes complaining of his inability to keep at rest while awake, of oft-recurring attacks of fidgets. The attacks have so increased in severity and frequency as to compel cessation from work. There is a slightly increased prominence of the nape of the neck, though no actual deformity of the cervical portion of the spinal column is discernible; and his head is constantly held more rigidly erect than would be naturally expected of a man of his age. During an attack the muscles of the neck, back, and chest, undergo irregular spasmodic contractions, causing shrugging of shoulders, twitching of arms, and well-marked jerking of head, which is thrown in the backward direction. The face also is thrown into movement, and exhibits characteristic choreic grimaces, with rolling of eye-balls. As the attack proceeds, the diaphragm becomes similarly affected, causing great difficulty in breathing. Inspirations are jerky and irregular. The accompanying dyspnoea is always a most prominent and distressing symptom. During the attack, great pain is felt in the back of the head and neck. Each exacerbation lasts from one to four hours. During the intervals he feels quite well, and has only an occasional involuntary twitch. Insomnia is very great, and night follows night before he procures refreshing sleep. The intervals of quiet vary considerably in length; one, two, three, or more days may intervene between these attacks. His appetite is fair, and his digestive functions are performed with apparent vigor and regularity. The action of the heart is constantly rapid, the pulse rate ranging from 110 to 120 per minute, but there are no evidences of organic valvular disease detectable. Neither are there any characteristic subjective nor objective symptoms present, pointing to any nervous trouble other than chorea. There is no dementia.

When admitted, he was placed on a mixture of quinia, iron, and strychnia; also, was given ten grains of bromide of potassium every three hours. This treatment was continued for three weeks without benefit. The bromide of potassium has been mentioned by Charcot as being of service in this disease. Arsenic, which was administered both by the gastro-intestinal route and hypodermatically, proved valueless, as did also antifebrin given in doses of grs. iv. every three hours. During the attacks, hypodermatic injections of morphia afforded relief, causing sleep. The hydrbromate of hyoscin—a remedy recommended by Dr. S. Weir Mitchell, seemed to have a beneficial effect when first used, though it soon lost its virtue.

But, though treatment was apparently of no avail in this case, Charcot's view that chorea in the aged is incurable, is not supported by all of the facts, since Dr. Russel relates a case that recovered at the expiration of three months, from the use of sulphate of zinc.

Dr. Sinkler has reported two cases, one of which recovered in four months. Still another case, first seen by Dr. Saundby when the patient was fifty years of age, suffering from left-sided chorea of an intermittent form, again fell under his observation when sixty-six years old, and at this time was almost cured.

Is senile chorea due to emotional causes? The emotional theory was advocated by Charcot in his famous lecture bearing the caption "Chorea in Old People."\* But, as pointed out by Saundby, this view must, in the light of facts more recently observed, be abandoned. The two cases reported by Charcot (*loc. cit.*) were demented; also a case reported by E. J. Davis,† and still another by M. Bacon, in which instance the patient had chronic mania.‡ Thus, in a total of thirteen recorded cases, in all of which the mental condition was noted, four were demented—less than one-third.

\*Medical Times and Gazette, 1872, vol. i. p. 245.

†Case of Chorea in the Aged, Medical Times and Gazette, vol. ii. p. 447.

‡Quoted by Saundby.

Dr. Saundby saw three patients suffering from this disease, all of whom had advanced degeneration of the arteries. This observer believes "that it will be found that the pathology of this disease is some actual structural change, such as small hemorrhages in the corpus striatum, and that it is not merely a functional derangement." In my own case there were present evidences of commencing atheroma. Of all the collectable cases, only four showed this condition—too small a proportion to base thereon positive conclusions.

The influence of sex may be shown to be considerable, since in eleven of the thirteen cases reported, the sex has been noted, and of these eight were males, three females. This would appear to be an exact reversal of the influence of sex in chorea occurring among children, for in the latter, according to the statistics of Dr. Wharton Sinkler,\* and others, the ratio is about three to one in favor of the girls.

Of the thirteen cases, only three were associated with heart disease, a fact showing but a feeble, if any, connection between senile chorea and cardiac affections. Not more than two of the total number gave a history of previous rheumatism. A final point to be made is that any theory as to the pathology of chorea in the aged, based upon the meagre data at present attainable, must be purely speculative.

## UNIVERSITY OF MARYLAND. FACULTY OF PHYSIC.

### EIGHTY-SECOND ANNUAL COMMENCEMENT.

The eighty-second annual commencement of the University of Maryland was held last Monday at the Academy of Music at 12 o'clock noon. After a prayer by Rev. Arthur J. Rich, D. D., and the reading of the mandamus by the Dean Prof. J. Edwin Michael, Hon. S Teackle Wallis, LL. D., Provost of the University in a very fitting speech conferred the degree of doctor of medicine on 112 candidates and then awarded the prizes

to the following successful competitors;

1. University Prize, Gold Medal, Kemp Battle Batchelor, North Carolina.
2. Miltenberger Prize, Instruments, George Edward Clark, Maryland.
3. Chisolm Prize, Ophthalmoscope, Henry L. Hilgartner, Maryland.
4. Surgical Prize, Instruments, Edw. M. Hardcastle, Jr. and E. R. Owings, Maryland.
5. McKew Memorial Prize, Gold Medal, J. Julius Richardson, West Virginia.

Rev. William Kirkus, D. D., then delivered a very humorous speech on the true value of the physician and drew a very vivid comparison between the modern practitioner with all the facilities for diagnosis and treatment, and the old English medical man and his "surgery." He paid the highest tribute to the physician showing what power and influence he had over his patients and the amount of confidence reposed in him. He drew a sharp line of demarcation between a physician and a tradesman, and gave a just idea of the true value of an honest physician's services. A man in whom so much trust is placed must be a gentleman. Physicians should not be expected to know and teach everything. The public expect knowledge of the most varied sort from them.

In the evening the graduating class and the other alumni met at the tenth Annual Meeting of the Alumni Association which was held at the Eutaw House, at 8 P. M. After some preliminary business, the orator of the evening Dr. Richard H. Lewis, of Raleigh, North Carolina, was introduced. His subject was "Higher Medical Education and How to Secure it." After referring to the advances made in every department of learning and the more general diffusion of knowledge throughout the world, he asked if the teaching in the medical schools had kept up with this onward march of improvement. He thought that every aid should be supplied to those seeking after the truths of medicine and where the old methods were weak they should be strengthened. Medical schools would assist in the question of improved medical education:—

\*Pepper's System of Medicine, vol. v. p. 441.



By requiring satisfactory evidence of a good general education as a condition of matriculation.

By grading the course of instruction.

By combining the text-book and lecture systems.

By lengthening the term of study.

By making hospital attendance, for at least a few months, compulsory.

By raising the standard of graduation.

To carry out these improvements would require the force and strength which few of the many medical schools possess. In his opinion the standard of medical schools and medical education can only be raised by legislation on the part of the different States and for this reason. Very few medical colleges in this Country are endowed at all, and still fewer sufficiently so to make them independent of patronage. Nearly all are private corporations entirely dependent upon the fees of their students. Owing to the facility with which any kind of charter can be obtained from the legislature of nearly any state, origination of a medical college is a very easy matter. In consequence there has been an over-production in this direction. But the penalty of over-production has been paid by very many. The track of medical science in this Country is strewn with the wrecks of such institutions. Of 267 medical colleges chartered in the United States and Canada in the past century and a quarter, 136, or more than half are now extinct. But still they are more in number than the students to be educated will warrant, and as a result the struggle for existence is exceedingly fierce and only the fittest continue to survive, and many of these damaged in the competition are compelled by the exigencies of existence to lower their standard more than they should. The State Examining and Licensing Boards will in some degree remedy this measure. Some states have these boards and stringent laws; thirteen years ago North Carolina was the only state with the medical license law, although New York had attempted such a law earlier. The University of Maryland should require preliminary examin-

ation and have a graded course of lectures and thus she would turn out men the equal of any medical school in this Country. A vote of thanks was tendered Dr. Lewis for his speech.

The following officers were then elected for the ensuing year:

President,	F. Donaldson, Sr.
Vice Presidents,	{ Joseph C. Clark, Joseph T. Smith, R. W. Mansfield.
Recording Secretary,	J. F. Martenet.
Asst. " "	Charles E. Sadtler,
Corresponding " "	Herbert Harlan,
Treasurer,	G. Lane Taneyhill.
Executive Committee.	{ Thos. A. Ashby, J. E. Michael, H. C. McSherry, Robt. B. Morison, Robt. T. Wilson.

Dr. J. Edwin Michael, the Dean, then made a few remarks introducing the graduating class to the Alumni Association. After this he read the following witty poem which came into his possession in some unexplained way and whose authorship can probably be guessed.

#### UNIVERSITY OF MARYLAND M.D. EXAMINATION, 1889.

[SUPPOSED TO BE A LETTER FROM A MEMBER OF THE GRADUATING CLASS  
TO A FRIEND.]

Dear Tom: I just received your welcome letter,

And I'm sure, in my reply, I can't do better

Than to give as you desire, an explanation,

Of the U. of M. M.D., examination. By the which each fellow demonstrates his fitness,

As the sheepskin, in choice Latin phrase doth witness,

To undertake to doctor human ills,  
With powders, forceps, leeches, knives and pills.

What books we read, how midnight oil was wasted,

What lectures slept through, pleasures slyly tasted,

What songs we sung with much more noise than music,

What ghastly scenes made us and might  
make you sick,  
What ancient jokes we heard with ven-  
eration,  
Well tried on many a previous genera-  
tion  
Of students, who have long since left  
the college,  
And now earn bread and butter with  
their knowledge.

How, as from learned lips we heard the  
words roll,  
We often wished to hear the "chestnut  
bell" toll;  
How methods curative or prophylactic,  
Impressed on us in clinic or didactic,  
For dealing with the sick or convalescent  
Were in our memories rather evanescent,  
T'were vain to tell, it won't bear itera-  
tion  
While we reflect upon the examination.

The time is come to face the dread  
ordeal,  
So richly fraught, to us, with woe or  
weal;  
To try our skill in matters embryological,  
To give our views on matters physio-  
logical,  
To cope with surgery, chemistry, gyne-  
cology,  
To deal with symptoms, treatment and  
pathology,  
Of all the ills the human flesh is heir to  
And bones and joints and brain and  
skin and hair too.

To meet the Profs. who've taught us  
o'er and o'er  
And tell them things they never knew  
before,  
And try to learn from smile that's non-  
committal  
Whether it means conviction or ac-  
quittal;  
Or take the pen for those who make us  
write  
And try our best, not feeling certain,  
quite  
Whether we can the tough ordeal pass,  
Or will, most likely, write ourselves an  
ass.

First comes our skilled and venerated  
Nestor,  
And we must answer give at his request  
or  
He may diagnosticate our case a bad one  
Not L.O.I.A. but a very sad one  
Of R.O.I.P. so located.  
T'will take a year, at least, to be rotated.  
But diagnosis, mechanism, stages,  
Before and after occiput engages.

Events in order, with correct narration,  
[Forgetting not the principle of accom-  
modation,]  
Precautions antiseptic to the letter  
To let the patient 'scape the danger  
better  
Of septicæmic poison; when phlebotomy  
Is best; what calls for craniotomy;  
When ergot should be used, when not,  
well stated  
Will help, at least, as M.D. to be rated.

Now comes the tug of war, because, the  
fact is  
The most important trial is in practice,  
Where fevers symptomatic and essential  
Demand the skilful use of drugs poten-  
tial,  
While hypochondriac woes and throes  
hysterical  
Need placeboic compounds most chimeri-  
cal,  
And we must keenly make the diagnosis  
'Twixt functional, organic, itis,—osis.

If we want to 'scape our teacher's smile  
sarcastic,  
We mustn't treat consumption with a  
drastic,  
Nor order exercise for joints rheumatic,  
Nor Hydrarg. Chlor. for blood that is  
dyscratic;  
For if we wish to populate God's acre,  
And patronise our friend the undertaker  
We'd better show the U. of M.  
our backs,  
And join the ever growing host of quacks.  
Prepare your solid facts, barefaced, bald-  
headed  
And go before the very man you've  
dreaded;  
Don't put large blisters on the neo-natus



Nor mix thread worms with bothriocephalus latus,  
Nor give Ant. Tart. in doses granum decem,  
For if you do from life you'll quick release 'em;  
Don't mix the dusky hue by measles shed  
With scarlet fever, as boiled lobster red.

Consider well prolapses, version, flexions  
And all their various functional connections,  
And -rhœas multiform with a- and -dys  
And -rhagias indicating that and this,  
And treatment constitutional and topical  
Part easily seen and tissues microscopical,  
Sounds, applicators, probes and all accessories  
And don't forget the bivalve and the pessaries.

"Now mind your eye," a maxim wise and useful  
To any man be he mature or youthful,  
You've learned it both from practice and from preaching  
Now in your answers don't disgrace your teaching;  
Don't use argentic nitrate to relieve a  
Simple trouble of the conjunctiva,  
Nor recommend a cataract extraction  
To cure a common error of refraction.

Don't be in diagnosis too dogmatic  
In dealing with your cases astigmatic  
Nor fall into the predatory habit  
Of curing blindness with the eye of rabbit.

Be sure to be exceedingly particular  
In dealing with those maladies auricular  
Which may try well your medical acumen.

Or only be collections of cerumen.

Explanation it behooves us to deliver  
Of the glycogenic function of the liver  
Difference of qualities contractile and elastic

Work inhibitory of the pneumogastric  
And the truth about the much disputed uses

Of intestinal and pancreatic juices,  
With a neat and comprehensive disquisition

On the blood and bile and lymph and what's their mission.

We must also in our answers try to scatter

Some remarks about the cortical gray matter

With a brief and scientific explanation  
Of the parts supposed to govern correlation,

Internal capsule, pons, nucleus lenticular  
And arrangement of the cavities ventricular,

And t'will prove as to your standing no detraction

If you'll give a good account of reflex action.

When asked to make some surgical reflections

Don't forget your skilful master's predilections;

First, your patient get, then make your diagnosis,

And be sure your differentiation close is,  
Find the cause of all the trouble and remove it,

Then put the part at rest and you'll improve it,

And a maxim you may very well repeat is

"Cut, cut, cut, in every case of cellulitis."

Don't enucleate and abscess for a cancer  
Nor amputate a leg because you can, sir  
Don't for constipated bowels make colotomy

Nor if kidney's sound nephro-lithotomy.  
Be sure to make aseptic preparations,  
Especially for major operations,

And use vigorously e'er you into work rush

Soap, turpentine, bi-chloride and the nail brush.

In wrestling with the teacher anatomical  
One is apt to make mistakes extremely comical

But on that account we must'nt fail to give him

That old chestnut "ex ovo omne vivum"  
But pretend familiarity scholastic

With the layers epi-, hypo-, meso-blastic  
And the karyokinetic segmentation

Which prepares the human egg for generation.

I've been told he's rather given to examine a

Poor devil on the cranial foramina,  
And to express a rather pious indignation  
If one don't know the portal circulation  
Or takes blood from gut to lung by endosmosis

Or shows an ignorance of bones and joints that gross is ;

So you'd better master all the facts you can sir

And be prepared his inquiries to answer.

And now you'll find yourself in sad predicaments

Without a fair acquaintance with medicalments

And the way the skilful doctors have of using them

And the rules that are laid down about abusing them.

An occasional pathological digression  
[By the way, of course] would make no bad impression

Though a mass of useful knowledge pharmaceutical

Won't help much in matter therapeutical.

Of ancient, much abused but useful calomel

And other salts of mercury be sure to tell

Of the searching oleum tig. and the stomach of the pig

Of opiates and anodynes with soothing powers big

Of elaterium and scammony and other drugs diluvian

Of antidotes malarial from the sacred bark Peruvian.

Of fever cures that kill as well and old nitras argenti,

And don't forget your aqua nor your spiritus frumenti.

Alas! that time has devastated alchemy scholastic

And old papyrus has to yield to views iconoclastic,

That we hear no more the stirring sound of many cannonbooming

Nor see amid the circling smoke that ancient visage looming

The merry "quiz" our fathers loved is only a tradition

And we can not get the chemist's vote except upon condition

That we know a thing or two about the modern nomenclature

How many elements there are and how they're found in nature.

What difference there may chance to be 'twixt salt, anhydride, acid,

What combinations blow you up, reactions that are placid,

What poisons kill and how and why, what antidotes abort 'em,

And what, [if antidotes don't cure] the findings are post mortem:

How to analyze the tissues of the poisoner's poor victim

And show the way the deed was done in order to convict him,

And not content with our mistakes though certain to detect them

He gives erroneous formulas and asks us to correct them.

We gather now in anxious expectation  
And conceal, as best we may, our agitation,

Our whole manner with wit and music bristling

Like a boy who travels through a graveyard whistling,

We talk although we know it's a delusion  
We sing although our voices make confusion,

And we must confess our grave anticipation

Is productive of a clammy perspiration.

At last old Runge brings in his papers  
And as suddenly there's a stoppage of all capers ;

The importance of this moment is immense, Sir

And the silence is positively dense, Sir.  
Soon we hear the joyous shouts of exultation,

Intermingled with occasional imprecation ;

Hurrah! my envelope at last and as I peeks in

I see the longed-for promise of my sheepskin.



Immense applause interrupted the reader as the various allusions were brought out, and at the end he received a shower of congratulations. After this the members adjourned to the dining room and discussed a good repast.

The absence of several members of the Faculty from the supper and the too early departure of others, was a thing very noticeable and hardly complimentary to a class that had done them credit both in size and brains.

After some singing by Drs. Hopkins, Funck and others, the meeting closed at an early hour in the morning and all went home at least satisfied with the informality of the latter part of the evening.

THE HYGIENE OF DRESS.—It might be doubted if any recent addition to the well-worn controversy on dress could possess for most readers either interest or novelty. The subject has been already so fully considered that any new argument upon it must have much in common with the terms of previous discussions. It may, however, be fairly claimed for a paper on "Clothing," by Mr. Francis Vacher, that neither in matter nor in method of presentation is it wanting in originality. The suggestions put forth, we need hardly say, are scientifically sound. They are likewise pervaded with a tone of common-sense which adds materially to their practical value. They are instructive as well as critical, and all the more so that they deal, though as briefly as possible, with the needs and errors of both sexes and of every age of life. Without entering into full particulars, we may here note our satisfaction that the importance of wearing clean, porous, and warm woolen underclothing is treated as a primary consideration. Aniline and other injurious dyes are justly condemned. The evils of scanty clothing, of unequal pressure applied to different parts of the body, and of heavy superfluous ornament are discussed with similar discrimination. We would say, however, that the author allows too little for healthy constitutions in condemning wholesale the most moderate exposure of knees and arms in childhood,

and of the long familiar Scottish kilt. The observations on clothing the feet are worthy of perusal. Those which have to do with evening dress are also noteworthy, and show a sensible regard for the use of palliative treatment where fashion is too powerful to admit of radical reforms. The constriction of viscera and the weakening of the thoracic muscles by means of the corset, as well as the wholly pernicious influence of the high-heeled boot are well described. It must not be supposed, however, that the tone of the paper is wholly pessimistic. The morning suit and underwear of men is regarded, not unreasonably, as nearly perfect. Some children's costumes are also in deserved favour. Our limited space will not allow a longer description of this carefully-written little work. For further information as to its contents we must therefore refer our readers to its own pages.—*Lancet*.

A SUPPOSED BACILLUS OF CANCER.—Professor Platon I. Kübasoff, of Moscow, has carried out a long series of bacteriological researches on malignant (cancerous) new growths, and has arrived at the following conclusions: 1. The disease is caused by a special pathogenic rod-shaped microbe 2. The bacilli have slightly ovoid outlines, and are arranged mostly in pairs and little heaps, their length amounting to one-fourth of the diameter of a red blood corpuscle. 3. In a pure cultivation the rods grow best on coagulated blood-serum at the body temperature. 4. When inoculated under the skin in animals, the microbe gives rise to a cancerous degeneration, commencing in the nearest lymphatic glands, and subsequently spreading to the internal organs, especially to the mesenteric glands, omentum, liver, and pericardium. In all the organs genuine cancerous nodules are formed. 5. Of lower animals, rabbits and cats prove to be most sensitive in regard to the bacterium. When inoculated they die in one or two months from cachexy, with generalisation of cancerous foci all over the body. 6. All cancers (of any variety and any organs) seem to be caused by one and the same bacillus.—*Brit. Med. Jour.*

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## Editorial.

**HIGHER MEDICAL EDUCATION.**—If there is one hackneyed subject that should be kept alive it is that of higher medical education. As the large number of medical graduates, many imperfectly educated, are turned out year after year, the question is what will they do? The supply is already above the demand and competition here begins to be very unhealthy. The young doctors elbow each other in the rush for the patient and certainly do not always elevate the standard of medicine in their efforts to succeed.

At the Alumni meeting of the University of Maryland, Dr. R. H. Lewis, of Raleigh, N. C., reviewed this well-known subject in a very clear and convincing way. A body of medical men in any state of this Union can form a medical school, obtain a charter from the state and turn out in a short time doctors of medicines whose title M.D., is just as good legally as of any college in the world. Far-sighted men appreciating this have advocated the question of regulating the practice of medicine by

State control and legislation. Several states have excellent laws well enforced. Maryland, however, has a poor law with no appropriation to carry out its provisions. The enforcement of such laws in neighboring States has slightly raised the standard of the schools in this city. There are here five bodies having the power of conferring the degree of M. D. The standard of all five is none too high. As long as the State requires no evidence of fitness on the part of the medical graduates, and as long as medical schools are managed by close corporations or rings of men who are interested only in the money they can make from the schools, medical education here will not advance. In time a sixth school will open, but the character and standing of this school will be such that the other five will probably be entirely unaffected, and unless the State gives a Board of competent men and not politicians power to regulate the practice of medicine in this State our standard will not be raised appreciably at least.

**THE MEDICAL AND CHIRURGICAL FACULTY.**—From gleanings from the members, it is learned that especial interest will be taken this year in the coming meeting of the Faculty. The different committees have been consulting, the sections have held meetings and the chairmen have prepared reports. The President, a most energetic and earnest worker, has promised a very valuable paper. Professor Osler will ventilate the subject of "The License to Practice," a theme which lies very near to his heart and we may expect to hear some startling truths and unpleasant statistics followed by the means of remedying defects. Although only members can take part in the discussions and debates, the profession is cordially invited to be present and all are welcome to hear the addresses and reports of sections.

As this is a very pleasant season of the year to travel, it is to be hoped that the State and County members will be present in full force and also those not members should make an effort to be present at this meeting to re-visit old scenes and renew old acquaintances. The



social features of that week have not yet been made public, but out-of-town members will be sure to receive a cordial welcome from their professional colleagues in the metropolis of the State.

### Miscellany.

**ECZEMA OF THE NAILS.**—Dr. de la Harpe, *privat-docent* in the University of Geneva, mentions in the *Revue Médicale de la Suisse Romande* a somewhat rare case of eczema of the nails which came under his notice while he was acting as medical officer at the well-known baths of Louèche, or Leuk. The patient was a man of sixty, who had been sent to Louèche by Professor Hardy. There was no history of gout or other hereditary disease, and up to two years previously the nails had been in excellent condition. The first sign of anything wrong that was noticed was a slight redness about the ungual furrow of the ring finger of the right hand, which was at first supposed to be panaris, but instead of going on to suppuration it was followed by morbid changes in the nail itself, which soon became thickened and friable, with a roughened surface. The nails of the other fingers on both hands subsequently became affected, as shown in figures appended to the paper. When seen by Dr. de la Harpe, the affected nails were swollen, bent transversely, and marked with longitudinal striæ or grooves. Two apparently healthy nails showed fine depressed points. Regarding the cause of these appearances, which are the first signs of the commencement of the affection in otherwise normal nails, Dr. de la Harpe remarks that he has seen a case of chronic eczema of the hand in which there were a number of longitudinal grooves on the nails, some of them interrupted—that is to say, in sections. The punctate marks on the nails in the case in question may possibly be analogous to the interruptions noticed in this latter case. As to the treatment by means of the Louèche waters, it appears to have effected marked improvement.—*Lancet*.

**THE SUSPENSION TREATMENT OF TABES.**—At the meeting of the Paris Society of Medicine on the 9th inst. (*l'Union Méd.*) M. Duroziez asked whether there was any satisfactory explanation of the results obtained in tabes by suspension. He pointed out that if tabes be invariably due to an affection of the spinal cord, it is difficult to explain how the method acts, and he asked whether other varieties of tabes must not be admitted, and also what are the cases in which the treatment was efficacious. To this M. Abadie replied that the majority of neurologists concur in believing that locomotor ataxy is a more complex affection than was formerly supposed. The remarks of Dejerine in particular have shown that patients who during life presented all the objective and subjective signs of tabes dorsalis have not shown any spinal lesion, but an interstitial peripheral neuritis. This proves that the combination of symptoms described under the name of locomotor ataxy is complex, and having regard to abortive forms, and mild forms of very slow evolution, limited to a few lightning pains, and a few disturbances of coördination, as well as to the severe forms associated with joint affection, it may be concluded that the morbid varieties of ataxy are daily increasing in number. It is highly possible that the treatment by suspension which amounts to an elongation of the nerve roots, may only act in certain forms—viz., those in which the spinal degeneration is slightly marked. "So far," added M. Abadie, "I have noticed that among the patients whom I have submitted to suspension, it is not the true ataxies who have derived the most benefit but those who had ocular (*sic*) lesions of indefinite nature."—*Lancet*.

**PULMONARY SYPHILIS.**—In commenting upon a case of lung disease (*La France Médicale* No. 27) of two months' duration with signs of consolidation at the right base, M. Potain concludes that the diagnosis of the syphilitic origin of the condition was fairly warranted. The case was apyrexial, there were no apical signs, and the patient had formerly contracted syphilis. At the same time he

admits the rarity of observations on the subject, and states that a Russian author (not named), among 21,757 post-mortem examinations, found syphilis in 2·3 per cent. Visceral syphilis was only present in eighty-eight cases, and in eleven of these there were pulmonary lesions. He also affirms that pulmonary syphilis always attacks the right side. The lesions met with in the lung are—gummata, or sclerosis, the latter being marked by thickening of the alveolar walls and accumulation of epithelium within the alveoli; or there may be a combination of these two lesions, or the gummatous change may take on the character of a diffuse infiltration. There is also a condition described as “white hepatisation.” As a rule, the middle portion or apex of the lung is the seat of the syphilitic change; but in about one-fifth of the cases the lesions may be limited to the base. The presence of gummata alone may not be revealed by physical signs, but, as with tubercle, they may excite inflammatory changes around them. Perhaps further diagnostic aid might be gained by the detection in the sputum of Lustgarten’s bacillus, but M. Potain does not seem to lay much stress on this, and points out that the microbe, if such there be, is not likely to be found in the stage of simple congestion or of non-softened gumma.—*Lancet*.

**PATENT MEDICINES.**—The “Journal of the American Medical Association” ridicules the legislative attempt at regulation of patent medicines. It says that the publication of the formula would not deter any one from buying these decoctions. It is notorious that to the unknown character of these nostrums is due their chief popularity. Demonstrate that the high sounding name covers a mixture of opium or arsenic, and its popularity vanishes. Furthermore, the publication of the formula enables one to determine whether the mixture sold corresponds to the standard set by its manufacturers. If this legislation is not injurious to the interests of the nostrum venders why should they fight it so fiercely.—*Med. Standard*.

**POISONING BY CHLORODYNE.**—A case of suicide which was recently the subject of inquiry at South Shields, merits note from the remarks concerning the sale of chlorodyne made by the doctor who gave evidence at the inquest. He drew the attention of the jury to the fact that the bottle in which it had been sold did not bear a label marked “poison,” though there was a Government stamp upon the bottle. The coroner also remarked that the law as to the sale of poisons wanted thoroughly revising, since, as shown in the case then under investigation, a person could purchase chlorodyne without even a question being asked. It was stated that the bottle would contain one ounce, which according to the British Pharmacopœia formula for chlorodyne, would represent a grain of morphine, thirty minims of dilute hydrocyanic acid, a drachm of chloroform and fifteen minims of ether besides other, but harmless, ingredients. It is certainly an anomaly that there should be no check upon the sale of such a compound. In other respects the case followed the usual course. A young man of twenty-five had three weeks before been in very low spirits and complaining of having nothing to do with his time; he had not been troubled by sleeplessness, hence the reason for purchasing chlorodyne was sufficiently obvious after the event.—*Lancet*.

**TAIT’S OPERATION FOR RUPTURED PERINEUM IN RUSSIA.**—In the *Meditzinskoië, Obozrenië*, No. 16, 1888, p. 287, Dr. Vladimir v. Üspensky, of Moscow, published ten cases of perineoplasty for partial perineal rupture, in which he performed Lawson Tait’s operation slightly modified by himself and Professor Snegireff. The modification consists in (a) the formation of a regular elongated quadrangular wound by making a semi-lunar or curved, instead of a straight, transverse incision into the remnant of the perineum; and (b) in inserting sutures through the skin instead of through the raw surface, at some distance from the cutaneous edge. In no case was there more than a trifling amount of bleeding. The operation, including the



insertion of sutures, only occupied from five to twelve minutes. The sutures were removed between the eleventh and fourteenth day, when the wound was invariably found healed by first intention. The results left nothing to be desired. A solid and generally perfect perineal body was obtained in every one of the cases. Dr. Uspensky emphatically declares that Lawson Tait's method is the best in every respect, its advantages being extreme simplicity, rapidity of performance, and uniformly excellent practical results. He believes that it will supersede all other perineoplastic operations, at least, in cases where no special indications are present, such as excessive tenderness of scars, demanding excision, etc. The same opinion was expressed by Professor v. F. Snegireff at a meeting of the Moscow Obstetrical and Gynecological Society.—*British Medical Journal*.

**INDUCTION OF PREMATURE LABOUR.**—In the Institute of the Moscow Foundling Hospital there were 54,088 deliveries during the years 1872–1887, of which twenty-eight were artificially induced. The reasons for the operation were in twenty-one cases contracted pelvis, in three Bright's disease, and in four habitual bearing of still-born children. The methods employed were—the faradaic current one, the introduction of Braun's colpeurynter twice, the injection of pilocarpine three times (all unsuccessfully), puncture of the membranes six times, Kiwisch's forcible douche directed against the cervix twenty times, and the introduction and retention of a bougie twenty-six times. In several of the cases one method after another had to be tried. The cervical douche was not by any means always successful, and where it was not and the bougie had subsequently to be introduced, Dr. Strauch, the author of the report, states that he found it had the effect of lowering the irritability of the uterine nerves, so that it was impossible to get the bougie to induce satisfactory pains. Before introducing the bougie he was very careful to have the uterus thoroughly washed out by means of a disinfecting solution; if

the instrument passed in to nearly its whole length, it was secured by means of a plug in the vagina; if not, a piece of thread was tied to it which was fastened to the body. Dr. Strauch objects to the knee-elbow position for the introduction, as being likely to favor the passage of air into the vagina, and thus to set up sepsis. The bougie was removed when the os was well dilated, if the membranes ruptured, or if there was hæmorrhage or severe pain, and at all events after the lapse of twenty-four hours, this last being advisable from an aseptic point of view. Before its reintroduction the patient was encouraged to go to stool and to empty the bladder, after which a perfectly fresh bougie was introduced. In cases where the bougie did not succeed in inducing labor, puncture of the membranes were resorted to. The author is disposed to ascribe the occasional failure of the bougie to the rigor of the antiseptic measures now practised. In former times, when similar precautions were not employed, he thinks the plan very rarely failed, as there was sure to be some septic matter introduced by the non-disinfected instrument, and this of itself was enough to set up the commencement of labour. Of the twenty-eight cases there was only one case of death of the mother, and that was from Bright's disease. Of the twenty-nine children—for one was a case of twins—eight were still-born, and in four of these cases the mothers had habitually borne dead children, the post-mortem examination showing the cause to be due to syphilis. In consequence of the very partial success obtained in saving the children in the cases of contracted pelvis, Dr. Strauch remarks that probably Cæsarean section would have given them a better chance.—*Lancet*.

**TREATMENT OF HYDATIDS OF THE ABDOMEN.**—Most physicians and surgeons are aware that tapping and aspirating abdominal hydatids, simple procedures in themselves, occasionally prove fatal. Peritonitis sets in, and after death shreds of dead daughter-cysts are found in the abdominal cavity. Mr. Girdlestone, of the Melbourne Hospital, describes, in the

*Australasian Medical Journal*, a case where he took special precautions against accident. He had already come across a fatal case, where death occurred nearly three weeks after puncture with a trocar, and drainage. A pregnant woman, aged 30, was placed under his care with all the symptoms of suppurating hydatid cyst, felt through the abdominal walls near the umbilicus. Determined, on this occasion, to take the fullest precautions, Mr. Girdlestone trans-fixed the cyst with three long steel acupuncture pins, placed parallel to each other; around them he wound a silk ligature, in a figure-of-eight loop. On the next day he removed the silk, pulled out the middle pin, and made an incision two inches long between the remaining pins. The cut edge of the cyst was fixed to the integuments by four interrupted wire sutures. More than a pint of purulent fluid, with daughter cysts, was evacuated. An india-rubber drainage-tube was inserted into the cyst-cavity, the two remaining pins were removed, and the cavity was washed out with a 1 in 1,000 solution of perchloride of mercury. The wound was dressed with perchloride gauze, freely dusted with iodoform. The wire sutures were removed in a week, and the wound was almost closed at the end of two months. The patient was safely delivered four months after the opening of the hydatid cyst. The aim of the operator was to guard the patient from danger at the time of operation by fixing the cyst to the abdominal walls before emptying it, and to minimise subsequent risks by sewing the cut edges of the cyst to the wound in the integument.—*British Med. Journal*.

A TRACHEOTOMY TUBE IN THE BIFURCATION OF THE BRONCHI.—A somewhat remarkable case is reported by Professor Pieniczek in the *Przegląd Lekarski*, where a caoutchouc tracheotomy tube, which had been inserted ten years previously, suddenly slipped and fell down the trachea so as to be completely lost to sight. At first the patient, who was an elderly man, coughed violently, but after a little while the irritation entirely ceased and though he could feel the

presence of the foreign body at the third and fourth costal cartilages on the right side, it did not occasion him any serious inconvenience. It had remained *in situ* about seven weeks when it was removed. In order to accomplish this the patient was chloroformed, and as sufficient anaesthesia for the purpose was not procured by this means, the mucous membranes were painted with a 25 per cent. solution of cocaine. By means of a laryngoscopic mirror introduced into the laryngeal opening, the foreign body could be distinctly seen and its position made out. It was lying at the bifurcation, its convexity upwards, and its larger end directed towards the right bronchus. With the help of the mirror, a blunt hook was passed down to the tube in such a manner that it was caught up and so extracted. Professor Pieniczek remarks that it would have been almost impossible to secure the tube without the aid of the mirror, as its position could not otherwise have been determined, and without an exact knowledge of this any manipulation with instruments would have been dangerous and probably useless.—*Lancet*.

## WASHINGTON NEWS AND COMMENT.

The Medical Association of the District last evening elected officers as follows: Dr. Jas. T. Young, president; Drs. King and Burnett, vice-presidents; Dr. G. C. Ober, secretary, and Dr. S. S. Adams treasurer. Drs. Kleinschmidt, Johnson, Acker, McArdle, Dunn, Smith, Cook, Lovejoy and Prentiss were elected counsellors, and Drs. Fry, Richardson and Beatty, censors.

Delegates to the convention of the American Medical Association, which will be held at Newport, R. I., next June, were elected as follows: Drs. Winter, Barber, Cook, H. L. E. Johnson, Kleinschmidt, Smith, Cuthbert, Meade, Stanton, Hickling, W. W. Johnson, Hazen, Prentiss, Acker, Morgan, J. Ford Thompson, Ober, Godding, Holden, Richardson, Fry, Haynes, Acker, Shaffer and Sothoron.



New members were admitted as follows: Drs. Tompkins, Moran, Draper, Morris, Carraher, Fowler, Burwell, Crockett and Sloggett.

Dr. John Van Rensselaer, who in March graduated at the National Medical College, passed first in the recent competitive examination held at the Charity Hospital in New York, to fill vacancies on the House Staff.

Dr. Robert T. Edes has accepted the Chair of Diseases of the Nervous System, at the National Medical College.

### Medical Items.

Dr. John G. Jay will spend the summer abroad.

M. Michel Eugene Chevreul, the distinguished French chemist is dead.

Lisbon is suffering from an epidemic of typhoid fever, which began in November, and now threatens to become serious.

Dr. Kemp Battle Batchelor has been appointed assistant resident physician at the University Hospital.

Dr. Frank Martin resident physician at the University Hospital, has been appointed for another year.

Dr. Herbert Harlan has decided to spend the next six months in Europe, visiting the most important eye clinics of the larger cities.

Dr. Horace R. Winchester has been appointed resident physician at the Hospital of the Good Samaritan.

A medical congress is being organized at Havana. The names of 120 practitioners have already been entered, and the titles of more than 60 papers have been sent in.

Dr. Joseph F. Perkins will sail for Europe early in May, and will spend part of his time in travel and part in the hospitals of the foreign capitals.

Dr. W. Sinclair Bowen has resigned his position as assistant resident physician at the University Hospital and will go abroad to study. On his return he will probably settle in Washington, D. C.

Among the graduates this year at the University of Maryland were Dr. Francis M. Chisolm, son of Dr. J. J. Chisolm and Dr. William T. Howard, Jr., nephew of Dr. Wm. T. Howard.

Dr. R. C. Word, the managing editor of the Southern Medical Record at Atlanta, Ga., has had the great misfortune to lose his dwelling, furniture, library, instruments, lecture notes, valuable MS., by fire. He has our sincere sympathy.

Dr. Emil Kleen, of Stockholm, a graduate of the Universities of Stockholm, Upsala and Vienna, the author of a recent work upon Massage, who is now traveling in this country, gave a lecture on the Scientific Aspects of *Massage*, in the Hall of the Biological Laboratory of Johns Hopkins University, last week.

Dr. C. Marion Dodson of this city in *Leonard's Illustrated Medical Journal* for April, 1889, has suggested the most original idea of using the os innominatum as a marine screw propeller, the obturator foramen to be covered. The bones on both sides would make twin propellers.

In response to a resolution of the legislature of Florida, inviting members of the Boards of Health of the various States to visit that State, and look into its sanitary condition and quarantine regulations, Dr. Jackson Piper, President of the Maryland State Board of Health, and Dr. S. C. Chew, have left for Jacksonville, Florida. D. W. C. Van Bibber was also invited, but was unable to leave.

In response to an inquiry on the subject from the State Department, Secretary of the Treasury Windom has named Dr. John Morris, of this city, as one of the gentlemen who may be properly invited by the French Government to participate in the Congress of Public charities and Beneficence, which is to begin its sessions in Paris on August 19, 1889. Dr. Morris who speaks and writes the French language fluently proposes to read a paper before the Congress on the subject of "The Necessity of Homes for the Care and Cure of Epileptics."

The Medical and Chirurgical Faculty of the State of Maryland will hold its Ninety-first Annual Convention in the Hall of the Faculty (Athenæum Building), corner St. Paul and Saratoga Streets, Baltimore, commencing Tuesday April 23d, 1889, at 12 M.

The Executive Committee announces the following: Delegates will present their credentials on Tuesday, at 11:30 A. M. The President's Address, "*The Physiology and Pathogenesis of Crime; How far can Medical Men Aid in its Prevention,*" will be delivered on the same day at 12:30 P. M. Wm. Osler, M.D., F.R.C.P., of Johns Hopkins University, will deliver the Annual Address on Wednesday, the 24th, inst., at 12 M. His subject is "*The License to Practise, going into the question of State Boards.*" Volunteer Papers must be sent to Dr. R. T. Wilson, Assistant Secretary, on or before the first day of the Convention.

The large Conversational Hall will be used for Pharmaceutical Exhibits. The Profession is cordially invited.

Original Articles

FATAL CASE OF HEMORRHAGE  
FROM A NORMALLY  
IMPLANTED PLACENTA\*

BY WILMER BRINTON, M. D.  
OF BALTIMORE, MD.

*Mr. President and Gentlemen:*

The case which I have the opportunity to present to you to-night has impressed me again with the truth of the views of a well-known American obstetric author, who has well said in the introduction to his valuable and readable book, "that the obstetrician has a graver responsibility than has either the medical or surgical practitioner, for he has charge of two lives instead of one, while his efforts are directed to saving both, yet in some instances it may be that the one must be sacrificed for the salvation of the other or saved at great risk to the other, and the importance of obstetric knowledge is further shown by the fact that very frequently the emergencies which occur in the practice of the art are sudden, and must be met promptly if met successfully.

They may give no time for consulting books, or a fellow practitioner, but immediate as is the peril must be the means to avert it."

The case also reminds us of the truth of the statement of Cazeaux and Tarnier who have written of puerperal hemorrhages that "hemorrhage is certainly one of the most frequent and at the same time most dangerous accidents that can occur to puerperal woman, whether before, during, or after parturition."

That dangerous hemorrhages may result in the latter part of pregnancy, or in labor from premature detachment of the placenta when this organ occupies its normal situation in the uterus has been recognized by all obstetric writers. This complication of pregnancy and labor cannot be a very frequent one for out of 23,591 deliveries in the Guy's Hos-

pital Lying-in-Charity, there were 31 cases of these so-called cases of "accidental hemorrhages" in comparison with 41 cases of placenta previa. On consulting not less than six authorities, I find all of them refer to a compilation by Dr. Goodell of Philadelphia, who in a paper under the title of "On Concealed Accidental Hemorrhage of the Gravid Uterus," published in The American Journal of Obstetrics for August of 1869, reports one hundred and six tabulated cases of which fifty-four mothers died, and out of one hundred and seven children, six alone are known to have been saved. These statistics show conclusively that in the class of cases now under consideration that we have one of the most dangerous complications of pregnancy to deal with.

The causes of the detachment of a normally implanted placenta are recognized as being varied.

Barnes in his classical work on obstetrics states the immediate causes of detachment of the placenta are, 1st, Contractions of the uterus which disturb and break the relations of surface between uterus and placenta; 2nd, Special sudden determination of blood to the uterus and placenta; 3rd, External violence which has the effect of detaching some of the placental attachments. It is also more apt to occur in women who are nearing middle life, who have borne many children whose constitutions are worn by sickness and poverty, perhaps by intemperance, whose tissues are therefore badly nourished, wanting in tone, tending to atrophy or degeneration. Certain diseases are recognized as disposing to hemorrhages, and notably to this form, variola, leucocythemia, acute atrophy of the liver, and nephritis. Parvin quoting from a recent contribution by Winter, has shown the connection between nephritis and premature detachment of the placenta. He says "in none of the three cases which he reports were the usual causes for premature detachment, cough, vomiting, history of crying, straining at stool, or congestion of the uterus obtainable. On the other hand in each of his cases nephritis was present. In

\*Read before the Clinical Society of Maryland, April 5th, 1889.



the first case it was probably due to pregnancy, and associated with a hemorrhagic diathesis, in the second case the nephritis was chronic, the third was a case of typical nephritis of pregnancy and left no doubt of the connection between nephritis and premature detachment of the placenta. A dead fetus may favor detachment either by entailing changes of density and other conditions in the placenta, or, by exciting contractions of the uterus as a foreign body would.

The fatal and unfortunate case which I report to-night occurred in the practice of my friend and colleague Dr. David Streett, to whom I am indebted for a portion of the following history of the case. Mrs. M. J., aged 45 years, married, was one of a family of eleven children, seven of whom are now living and are enjoying good health. Her mother died at the age of 77 of hepatic abscess, father is living at the age of 83 years and is well. No history of hereditary disease in family. Mrs. M. J., had given birth to four children, previous to her last pregnancy, two of whom are now living, the other two having died during infancy of cholera infantum. As far as known her previous labors were normal, with the exception of the fourth confinement, after which, she had a hemorrhage of such a grave character that her life was in danger for some days, but as she was confined in a distant city no positive facts can be ascertained in regard to same. The first day of her last menstrual period occurred about the middle of July 1888, and her fifth confinement was expected to take place about the middle of April 1889. During the early months of her pregnancy no unusual, or, alarming symptoms presented, and she continued with her usual domestic duties. Some three weeks previous to the occurrence of the fatal issue in her case, she tripped in crossing a floor and fell; from this time on, she complained of some soreness over right side, but did not think it of very much importance and beyond the application of some domestic remedy no other assistance was asked for. During the day of March 4th, she attended to her usual

duties, and was seemingly as well as ever, and retired about 10 o'clock. At 1 A. M., or about three hours after retiring she was awakened by colicky pains in her abdomen. These pains gradually grew worse and more frequent and at 5 o'clock, she awakened her husband, who prepared and gave her a quantity of warm ginger tea, the pain however continued and about six o'clock she had a decided loss of blood from the genital canal, but seemingly not enough to cause her any special alarm, for at this time her husband insisted upon sending for their family physician, but she for a while declined doing so, stating to her husband she did not think it necessary. Finally at 7 o'clock or a few minutes later, the pains and hemorrhage continuing, she reluctantly consented to have her physician sent for. Dr. Streett was now summoned. Owing to some delay in telephonic connection the doctor received the message some few minutes later and immediately responded to same, arriving at his patient's house fifteen minutes past eight o'clock. What the doctor found I will give in his own words, he writes me "when I entered the room and approached my patient to examine her condition, she turned toward me and exclaimed "Doctor, I am dying," which I found to be true. I found no pulse at the wrist, her lips and countenance had the pallor of death, she was sighing, and drawing long breaths, throwing her body from one side of the bed to the other and exhibiting all the conditions of the so-called 'air hunger,' I at once informed her husband of her condition and asked for assistance." In giving my connection with the case I would state that on the morning of March 5th, between 8 and 9 o'clock, I received a telephone and also a verbal message from Dr. Streett asking for my assistance with a case of obstetrics. I immediately responded, but found upon arrival that the patient had expired five minutes before. Upon being ushered into the room of the dead woman, I found Dr. Streett who informed me that after sending for assistance he immediately began to stimulate the patient, giving her within a few minutes four ounces of

brandy, her head was lowered, pillows removed, but in spite of all his efforts the patient continued to sink rapidly and died in fifteen minutes from the time the doctor first saw her. A hurried vaginal examination made by the doctor previous to the death of the patient revealed some hemorrhage, the cervix was found thick but patulous, with tendency to relaxation. An external examination of the abdomen of the woman ten minutes after her death revealed by palpation and by ocular demonstration that the foetus was high up in the abdomen and to the mother's left, then we had a distinct intervening space and to the right of the mother was found another distinct tumor or mass, which we decided to be the placenta. Until this examination was made it was thought we had to do with a case of placenta previa. As the hurried vaginal examination made on the dying woman had not revealed to the examining finger any placental tissues, we decided that the case before us had been the result of hemorrhage from a normally implanted placenta. With the consent of the distressed husband and attending physician I made a vaginal examination and found the cervix dilated to the size of a trade dollar and dilatable, found the bags of water unruptured, the child presenting vertex, the occiput to the mother's left and front (first position) and the child's head movable in the pelvis. By this time it was decided that the child should be delivered. Then, in the chamber of death with all the distressing surroundings, I performed that operation which is generally performed in the interest of the living mother or living child or both, viz., podalic version and delivered a dead male child from the uterus of the dead mother.

The child a well developed one gave no evidence of putrefaction and had apparently been dead only a short time. My own opinion from the appearance of the child was that the woman had completed her eighth month of utero-gestation. Immediately after the birth of the child some large blood clots came from the uterus. After severing the cord I introduced my hand into the uterus

and found the placenta almost entirely detached and lying in the right side of the uterus near the fundus, as had been made out by the external examination before mentioned. I withdrew my hand and had my colleague Dr. Streett, to introduce his hand and verify the same to his satisfaction, which he did. Upon removal of the placenta we found evidence that a portion of the placenta must have been detached for some hours previous to her death. In the history of the case two queries present, 1st what connection was there between the fall received three weeks before, and the fatal hemorrhage? 2nd, if the doctor had been sent for at 1 o'clock instead of 8 o'clock, with proper treatment and recognition of the case could the patient's life have been saved?

In conclusion I would state that in a practice of thirteen years with over 700 carefully recorded cases of obstetrics presenting almost all the complications of pregnancy and labor, this is the second case of hemorrhage from a normally implanted placenta which I have met. The other case I saw in 1884, in consultation with Dr. H. T. Rennolds of this city. In this case I delivered almost a dead woman with forceps, the child dying some twenty-four hours after birth, the mother making a good recovery. This brings us to the subject of the treatment of this alarming and dangerous complications of pregnancy and labor, and the relation of the case will be obtained if the society should honor the relator with a discussion of the same.

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DETECTION OF ALBUMIN AND PEPTONE.  
—By Posner (*Zeit. Anal. Chem.*).—The urine is rendered alkaline, and a solution of copper sulphate, so dilute as to be nearly colorless, is poured on its surface. Peptone in the cold, or albumin after heating, gives a reddish violet ring at the point of contact.—*North American Practitioner.*



## UNCOMPLETED NEPHRECTOMY.

CALCAREOUS VESSEL MISTAKEN FOR A CALCULUS BY THE NEEDLE TEST. OPERATION ABANDONED ON ACCOUNT OF ADHESIONS. DEATH. AUTOPSY. PRIMARY ENCEPHALOID OF THE KIDNEY.

BY W. W. KEEN, M. D., OF PHILADELPHIA.

Professor of Surgery in the Woman's Medical College of Pennsylvania.

G. M. C., aged sixty-eight, weight one hundred and sixty-four pounds, six feet two inches tall, was sent to me through the kindness of Dr. E. W. Watson, on October 31st, 1888, with the following history.

On April 6th, 1886, he had an attack of retention of urine. Violent expulsive efforts forced out a clot. The bleeding continued two or three days. With this he had pain in the right lumbar region. A month later another similar attack occurred, the pain on this occasion being quite severe and amounting to a distinct renal colic. Other attacks, always accompanied by pain and bleeding, occurred in July, 1886, and in January, September and November, 1887. After the last one, for several weeks he had repeated and nearly continuous hematuria with a sensation of heat in the right lumbar region, and he lost strength and appetite.

January 14th, 1888, he was taken extremely ill with pleuro-pneumonia and septicemia. Both legs were attacked with phlegmasia. The dulness in the right kidney, Dr. Watson stated, was increased, but no pus was found in the urine either then or at any other time; neither were any symptoms located in the bladder. This illness lasted about two months.

In May and June of 1888, he again had attacks of hematuria, and from September 17th to October 31st, 1888, he has had nine attacks, passing as much as six or eight ounces of blood, he thinks, in some of the attacks. He has never passed any calculus. In the in-

terval between the attacks the urine was clear. No cause can be assigned for the attacks; not uncommonly they have come on while he was lying in bed. He states that the right kidney is now the seat of marked aching pain.

*Present condition.*—He is a very tall man with a disproportionately long chest; from the ribs to the crest of the ilium the space is barely two fingers in breadth. The bladder was sounded, but no stone was found. Its walls were rugose. The prostate not much, if at all enlarged. Renal dulness on the two sides equal and normal. Right kidneys tender. Two specimens of urine were furnished, one with a large bloody sediment, but without clots, and the other clear and acid, sp. gr. 1022; very slight amount of albumin. Microscopical examination showed no crystalline elements, a few blood discs, granular matter, and a large number of bright fatty-like small globules. Dr. Watson informed me that he had never found any albumin except just after the attacks of hematuria, nor has he ever seen any casts.

It was decided to explore the right kidney, either for stone or possibly for cancer, and either to remove the stone or the kidney, as might seem best.

*Operation, November 3rd, 1888.*—Present, Drs. E. W. Watson, A. W. Watson, W. J. Taylor and T. R. Neilson.

An oblique incision, four inches in length, was made just to the right of the erector spinæ, and the perinephritic fat was reached. Surrounding the kidney was a capsule so loose and distinct that it required a careful examination to be sure that it was not the wall of the colon. The lower end of the kidney appeared normal. The finger detected a rather sharp irregularity deep in the substance of the kidney. The moment it was pressed on, both Drs. Taylor and Neilson, as well as myself, were convinced that it was a stone. A needle was then passed into the kidney, and the point of it grated with great distinctness against the supposed stone. The kidney was now seized with a volsella, and was loosened from the surrounding

\*Read before the Philadelphia County Medical Society. March 27th, 1889.

tissues in order to obtain freer access to it. This was followed by two results: First, very abundant, indeed very alarming hemorrhage, from large veins that were so concealed under the last rib that they were seized with great difficulty, even after the rib was well raised, and when seized they were so friable that the ligatures would not hold.

The second result of this operation was to disclose the fact that while the small portion of the kidney first discovered was normal, the rest of it was irregular, nodular and friable, and evidently the seat of a malignant growth. Accordingly, I determined to remove the kidney, if possible. It was rapidly detached from its capsule by the finger, but it was so anchored internally at the hilum that it could not be brought to the surface, in spite of the fact that I got my entire hand into the cavity of the capsule.

Having proved the impossibility of removing the kidney by the loin, I debated the question of attempting it by an anterior incision, but as the difficulty of removal was not the size of the kidney, but the adhesions at the hilum, I concluded not to attempt an operation by this route, as I felt convinced it would result in the patient's dying upon the table. The hemorrhage had been exceedingly profuse, not from any particular vessel, or from rupture of the vessel of the hilum, but from every point in the kidney and in the capsule the moment they were separated. This hemorrhage was checked by thoroughly packing the wound with sublimate gauze. The patient was put to bed. He became conscious and recognized his family, but died from exhaustion three and a half hours after the operation.

*Autopsy*, twenty hours after death. In order to determine whether I could have removed the kidney more readily by the anterior incision, I made this attempt as the first step in the autopsy. An incision was made in the right linea semilunaris. This incision measured four inches in length, extending from the border of the ribs to Poupart's ligament. No more room, therefore, was obtained for the removal of the kidney anteriorly than posteriorly. The ribs projected so far downward that, in order to reach the

kidney, it was necessary to insert my entire hand up to the wrist. The kidney lay far up under cover of the ribs, and was as inaccessible from the front as from the back. It was so thoroughly anchored in its position that to loosen it from its bed required force that would have been wholly unjustifiable during an operation, and would have resulted in rupture of the vessels and in immediately fatal hemorrhage. It would not have been possible to reach and tie the vessels in such an inaccessible position. When removed, the kidney was found to be enlarged, nodular and distinctly cancerous. The left kidney and other abdominal viscera were normal.

On section of the kidney there were discovered some calcareous vessels and one or two points of calcification of the other tissues. The kidney measured seven and a quarter inches in length, four and three-quarter inches in width, and three and one-quarter inches in thickness.

Microscopical examination by Dr. J. P. Crozer Griffith showed that it was an intermediate form between scirrhus and encephaloid, with a decided preponderance in the greater part of the organ of the latter form of the disease.

*REMARKS. First, diagnosis.*—This lay most likely between stone in the kidney and cancer of the kidney. Although it seemed unlikely that stone should exist without producing pyelitis and, therefore, showing some pus in the urine, yet I have known of more than one case of both stone in the bladder and in the kidney in which the urine contained no pus. The repeated hematuria looked very much toward malignant disease, but the kidney was so much under shelter of the ribs that it was impossible to detect any tumor, and the dulness was not markedly increased. The enlargement of the kidney was chiefly toward the hilum, and so the dulness posteriorly was little greater than normal, Mr. Henry Morris states that of 30 cases of cancer of the kidney, found in 2,610 autopsies, 25 were secondary and only 5 were primary. The present specimen is undoubtedly a primary malignant tumor, and is, therefore, a rare form of disease.



*Secondly, the surgical aspect of the case.*—In this there are two points of interest: First, the needle test for stone. When the kidney was exposed to view, the only healthy portion of it remaining was first seen. Deep under this an irregular, hard mass could be felt, which might easily be a stone. Puncture by the needle convinced us that it was such. Examination of the kidney after death showed us that no stone existed, but that what was felt by the point of the needle was either a calcareous vessel or a calcareous degenerative mass against which the point of the needle grated. It gave precisely the same sensation as a stone would have done. This possible error seems to me very unusual. I have never seen it noticed, although it may have escaped my knowledge.

Secondly, the advantages of the lumbar or of the abdominal route for removal. As the operation was undertaken primarily for exploration, and no tumor in any sense was discovered, I am clearly of opinion that the lumbar route was the proper one to select. The attempt made at the autopsy shows that the kidney could not have been removed any more readily by the abdominal than by the lumbar incision. The peculiar situation of the mass in question, and the low position of the ribs, resulted in the curious fact that while the space between the last rib and the crest of the ilium was only two fingers in breadth, yet the oblique incision here of four inches was long enough for removal, and it could have been still further prolonged anteriorly if necessary; whereas, the vertical incision from the rib to Poupart's ligament was absolutely limited to four inches, and the kidney was certainly no more accessible by this route than by the other. The removal of the kidney was practically impossible by either method. The inflammatory attachments—especially around the hilum and the great vessels of the kidney—require an amount of force that would have been unjustifiable during life.

## REPORT OF A MONSTROSITY.

BY JOSEPH A. ANDERSON, M. D.,  
ANTREVILLE, S. C.

The patient to whom I was called during the month of August 1886, was a well nourished white woman, about 35 years of age. After a short labor I delivered her of an eight month male child. I soon discovered that I had a deformity or monster to deal with. The child would have weighed five or six pounds and was developed in every part of the body, with the exception of its head. The frontal bones were entirely solid, no anterior fontanelle being found, although the posterior fontanelle was larger than usual. The eyes, nose and ears were the misplaced organs. From the mouth up it was smooth and bare, only the superciliary ridges were slightly marked. No eyes, no nose, no ears, now where were these organs? The mouth of this youth was stretched to its utmost capacity, by an oval protruding substance of a dark-brown color; over this mass was a thin delicate membrane. Now, under this membrane, and embedded in the structure of the mass, were two little, doll like blue eyes, situated about one-half inch apart. The membrane above referred to was as sensitive as the conjunctiva, as was evinced by the little fellow's struggles when this was touched. The mouth was so full that I failed to touch the alveolar ridges. From the upper lip hung by a small pedicle a small teat, about one-fourth inch in diameter at its large end. This teat was about one inch in length, and had a small hole or puncture in its end; this hung over the open mouth. Similar to this there hung another from the lower lip over the chin. Were not these the nostrils? The ears of the child were under his chin—presenting much the appearance of a fringe or collar around the neck. Each ear extended from the angles of the jaw with their lobules meeting in the median line of the neck. Just after birth it gave a few struggles but died as soon as the cord was cut. Of course it could not cry or breathe, although its lungs were normal as far as

I could make out. Failing to get this monster as a specimen, there was no autopsy made. I have no theory to advance, the woman was not frightened during pregnancy, and only report it thinking it may be of interest to the fraternity.

### Society Reports.

## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MARCH 13, 1889.

The 224th meeting of the Clinical Society of Maryland, was called to order by the President DR. GEORGE H. ROHÉ, in the chair.

Drs. H. F. Hill and I. R. Page, were elected members of the Society.

*Dr. G. F. Boucsein* read a very interesting paper on

#### TONSILLITIS.

*Dr. I. E. Atkinson* said that he was greatly interested in the subject so clearly discussed by Dr. Boucsein and the point to which he would like to direct attention is the ordinary follicular variety of tonsillitis, which many hold is a specific affection. These cases run a definite course and the point of interest is in the diagnosis. These cases are the ones that have given to many their reputation for the successful treatment of diphtheria. Often we have alarming symptoms, but if we see the curdy deposits on the tonsils there is no difficulty in making a diagnosis. In some cases, however, the deposit spreads over the entire tonsil and he has even seen it extend to the uvula. It is then that he calls it diphtheria and thinks that he errs on the right side; even then he feels that it ought to be follicular tonsillitis. He is convinced that these cases will be of this character when they run a typical course. He has often seen the disease in medical students and we know that they often room together in numbers, but he has never seen an instance where it was communicated to a room-mate. He then spoke

of a number of diseases with which he had seen it complicated. The treatment is entirely palliative, nothing will cut it short. Ringer says it may be aborted with gray powder. The ammoniated tincture of guaiac will do good some time. He had not had such good results from aconite as some have reputed to that drug. Nephritis in connection with tonsillitis he has never observed. In making a diagnosis of tonsillitis it is especially important to exclude such diseases as diphtheria and scarlatinal sore throat.

*Dr. A. K. Bond* said that he feels the importance of not making a diagnosis too suddenly. He was once called to a family where a member of it had a deposit on the tonsil, when he observed this condition, he advised the mother to send for the family physician; he came and said that nothing was the matter. This haste on his part placed him in rather an unpleasant light. He then mentioned in detail the different degrees of tonsillitis which he had observed and related several cases in way of illustration. The other day he was called to see a boy with tonsillitis and in a short time he recovered. One week after this he was called to see the mother. She was suffering at the time with a red nose, which finally developed into erysipelas. He was anxious to know where there was any connection between this disease and tonsillitis.

*Dr. Whitfield Winsey* said that there was one point of interest in connection with the discussion and that was the seeming contagiousness of tonsillitis. He had treated a number of cases of this disease and could not attribute any one of them to contagion. Another point is in the diagnosis of the simple form from the sore throat of scarlet fever and diphtheria. In the first condition there should be no difficulty as the eruption ought to clear it up. Of course in diphtheria it is more difficult and at times it will puzzle us all. He has been in the habit of using iron in the treatment of tonsillitis during the last few years and finds that the disease usually disappears in a few days under its use. By its employment we accomplish a double end



and in any case of doubt we can feel that we have done our whole duty.

*Dr. Hiram Woods* said that in reference to the œdema that takes place in the parts around the tonsil during an attack of tonsillitis, he could speak from personal experience as he had suffered from a number of such attacks. Good results were obtained in the treatment from the use of guaiac and aconite, *Dr. P. C. Williams* had treated him and he believes in large doses of aconite, beginning with five or six drops at a dose. In three or four days the inflammation would subside and no suppuration occurred from this method of treatment.

*Dr. J. H. Branham* said that he had treated a case recently bearing on this interesting subject. Patient female, aged 27 years, who suffered from acute follicular tonsillitis. She was given large doses of antipyrine and the following day was put on iron and quinine. The case ran a usual course up to this time and on the morning of the third day she was nearly well; that evening, however, he was suddenly called to see her again, found her with a temperature of 104° F. and she said she was passing blood from her womb, but an examination showed it to be bloody urine. She was given potassium acetate and soon got better again. On the fourth day he was called again to see her; this time he he found her suffering with glossitis. Antipyrine and iron were again given. On the evening of the sixth day an intense nephritis recurred and since then no special symptoms have taken place. In this case then both kidney disease and glossitis followed tonsillitis. He, like *Dr. Woods*, suffers at times from tonsillitis and has used almost every remedy recommended for relief, but finds that antipyrine in twenty grain doses gives him better results than any of them. He feels sure that from its use he has aborted several attacks. No evidence of the contagiousness of the disease has been observed by him.

*Dr. Herbert Harlan* said that in reference to the abortive treatment of tonsillitis by the use of aconite, he thought he could speak in its favor from personal experience. Some years ago he suffered

from two different attacks of tonsillitis which went on to suppuration. During the past two years he had two other attacks to come on with symptoms equally as severe, he tried aconite for relief, in four or five drop doses every three or four hours and he believes that he aborted them. No suppuration occurred.

*Dr. J. T. Smith* said that he did not see why in tonsillitis there could not be a complication with diphtheria. On one occasion he had a child who had an attack of tonsillitis which seemed to subside, but in a few days a membranous formation took place and he feels positive it was tonsillitis at first and diphtheria later.

*Dr. Geo. H. Rohé* said that in the last five or six years he has suffered with three attacks of throat trouble, all of of which he thought were diphtheria, though his physicians in attendance only considered one attack such and the other two tonsillitis. One attack came on after having slept in a room in a hotel which had been occupied by patients who had been sick with diphtheria. The other two could not be traced to any cause. In one attack he took large dose of quinine and had bloody urine to follow. He is in accord with *Dr. Atkinson* that it is difficult to diagnose some cases of tonsillitis from diphtheria.

*Dr. I. E. Atkinson* said in regard to the question of membrane a good deal depends as to what we call diphtheria. In scarlet fever we may have a membrane and, also in many other conditions. The question is whether a membrane as we understand it is necessarily to be called diphtheria as we understand it. The course of follicular tonsillitis is so simple that usually there can be no mistaking it. It is only in extreme cases that he is in doubt and even then he finds that he often has reason to return to his original idea.

*Dr. F. M. Latham* read a paper on

THE USE OF ANTIPYRETICS IN TYPHOID FEVER.

(See last issue page 461.)

Dr. I. E. Atkinson made

REMARKS ON THE TREATMENT OF TYPHOID  
FEVER.

W. J. JONES, M. D.,  
Recording Secretary,  
1238 Greenmount Ave.

THE ARREST OF PHTHISIS.—The Islington Medical Society met on March 26th to hear an address from Dr. Sansom on the Arrest of Phthisis and the way in which it occurs. Dr. Sansom was disposed to think that the bacillus of tubercle had a tendency to die out, like other germs, if it could be put into unfavourable circumstances. Analysing about twenty cases in which, from careful personal observation, he was satisfied of the arrest of phthisis, he found that the most invariable condition to be noticed was that they had all had climatic change, not in any given place or climate, but somewhere out of the air of crowds and town. He attached more importance to this element in treatment than to any merely medicinal measures. Of these cod-liver oil was best, sometimes administered by the rectum when it was not acceptable to the stomach; and he recommended the inunction of carbolic acid over the apices in the form of an oil, one part of carbolic acid to four of olive oil. He did not find that preparations of iron had been used in these successful cases. One of the members directed attention to the remarkable exemption from phthisis of the Faroe islanders, who lived in a very open moist air, and fed largely on fish and wind-dried mutton. They had plenty of bronchitis and rheumatism, but no phthisis. The account of these islanders and their sanitary condition is to be found in the *British and Foreign Medico-Chirurgical Review*, vols. vii and xi. It may be hoped that Dr. Sansom is a little too absolute in thinking change of air and climate essential to the occurrence of spontaneous cure or arrest of phthisis. It would be a bad look out for our poorer patients if the chance of cure depended on the, to them, entirely impracticable remedy of a change of cli-

mate. The fact seems to be that the tendency to tubercle seems to be much more common than is thought, as well as the tendency to get over it. Dr. Heberden, in his Commentaries, shows that he had knowledge of such processes, and gives one or two cases in point. Our best knowledge of the chances of the arrest of phthisis is based on observations in the pathological theatres of the great hospitals of large cities—Edinburgh, Paris, London, and Vienna. It was these that gave Hughes Bennett, Williams, Rogée, Boudet, and others their first belief in such a process. We cannot do better than reproduce here the words of Dr. Bennett: "The careful dissections of morbid anatomists have recently shown that this arrestment (of the further deposition of tubercle), instead of being a rare or occasional occurrence, really happens with extreme frequency. In 1845 I made a series of observations with reference to the cretaceous masses and puckerings so frequently observed at the apices of the lungs in persons advanced in life. The conclusion arrived at was that the spontaneous arrestment of tubercle in its early stage occurred in the proportion of from one-third to one-half of all the individuals who die after the age of forty. The observations of Rogée and Boudet, made at the Salpêtrière and Bicêtre Hospitals in Paris amongst individuals generally above the age of seventy, showed the proportion in such persons to be respectively one-half and four-fifths." The observations of Heitler in the post-mortem room of Vienna are to the same effect, and show a large proportion of spontaneous recoveries.—*Lancet*.

THE MORPHINE HABIT.—Erlenmeyer says the children born of women addicted to the morphine habit are practically morphine-eaters from birth. During the first few days of life, unless morphine is given to them, they are very apt to suffer collapse; and this condition may end in death, the child being too weak to withstand the violent symptoms, which are similar to those which follow the sudden withdrawal of the drug in adult opium-eaters.—*Science*.



## MARYLAND MEDICAL JOURNAL

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*As the subscription of the Maryland Medical Journal to a large number of its subscribers begins at this time, bills will be mailed to those subscribers, who are respectfully requested as far as possible to remit promptly.*

## Editorial.

THE MEDICAL AND CHIRURGICAL FACULTY.—In the early history of the State Society in order to systematize and facilitate matters, the work was divided into sections and each section through its chairman reported on the progress of medicine in his department for the past year. This was very well several years ago, but the question is now "does the work as now carried on in sections do the most good?" The day has come when medical journals report on the progress of medicine so fully and at such short intervals and "annuals" and "year books" are so carefully edited that such work as the State Faculty has always done begins to be superfluous. Scattered papers on different subjects in various languages are now quickly "boiled down," reduced to one language and issued in print at very short intervals. Therefore the chairman of a particular section has little to report which is not already familiar to all readers.

A change must come some day and this conservative body must carry on its work as in other state societies, and

all papers presented must be volunteer papers. Unfortunately the section work as such is never done. The chairman usually goes through the form of calling a meeting of his section and to this call no one or few respond. Then the chairman does the work of preparing a paper unless he is fortunate enough to find some one else to do his work. At times a chairman will rise at the annual meeting and say he has no report to make as he did not know that he was chairman of that section, or that he was even on it.

It very frequently happens that men not on the section are the ones most ready to read papers and good ones too; but they object to being put off to the end of the session and perhaps only read by title.

The society has done some excellent work in the past, but age and a good record will not keep us up in the future. Advances must be made with the times. Let us try and make this meeting a good one and let the discussions be active and to the point.

STOMACH-WASHING IN INFANTS.—In severe indigestion of infants the physician naturally seeks by regulation or change of diet to avoid overtaxing the digestive powers of the patient. In many cases such treatment effects a cure. In other cases, however, the correction of abnormal conditions of the milk and even the withdrawal of milk and the substitution of other foods fails to remedy the disorder. Scientific physicians tell us that in these cases the undigested milk which remains in the alimentary canal is the source of a poison which enters the blood and keeps up the diseased condition of the patient.

It has become the custom, therefore, in asylums for sick infants, to irrigate the bowels by means of long rectal tubes, and it seems that in some cases almost the whole intestine from pylorus down, may be thus cleansed, with great benefit to the patient. In the Archives of Pediatrics, April 1889, Dr. Seibert of New York, describes how in 93 cases, he has, after the teaching of Epstein, applied this irrigation to the stomach from above. He finds that in *simple vomiting* with

loss of flesh, a single irrigation of the stomach will often check the vomiting and cure the patient. In *acute gastro-intestinal catarrh* or *cholera infantum*, except in the stage in which serious disorder of the brain has set in, irrigation of the stomach is of great value. The children go to sleep a few minutes after the operation is ended, and after several hours sleep, awake free from nausea and vomiting and with less severe diarrhoea. In *chronic catarrh* of the digestive tract he has obtained the best results. Cases that have withstood all changes in diet, all known old and new drugs, cases diagnosed as atrophy, marasmus, phthisis of bowels, etc., have been cured by this treatment. The irrigation is not depressing, but rather stimulating. It is performed about 2½ hours after a meal. The clothing is loosened, the infant is placed upright in the lap, a soft velvet-eyed catheter is passed over the tongue, which is depressed by the index finger, into the pharynx. The contraction of the pharyngeal muscles is overcome by gentle pressure and the catheter enters the stomach. A cupful of milk-warm water is allowed to flow into the stomach, and after a little while, out again through the catheter which is used as a siphon. Irrigation of the stomach and of the rectum may both be used with advantage in the same patient.

### Miscellany.

THE NETTLE AS AN EPISPASTIC.—In the *Meditzinskoï Obozrenië*, No. 16, 1888, p. 330, Dr. Vladislav A. Frankowski, of Kharkov, whose medical experience embraces about one hundred thousand cases, speaks enthusiastically of "urtication," that is to say, slapping or pricking with a bundle of fresh nettle-twigs, for one or several minutes, once or several times a day, as an excellent epispastic application. It has considerable advantages over ordinary derivative remedies, inasmuch as it is quite innocuous (not irritating the kidney, and leaving no permanent marks on the skin, etc.) cleanly, simple in application, rapid in its effect, and cheap.

Dr. Frankowski recommends it especially in (a) anæsthesia, paralysis, and neuralgia, especially sciatica of peripheral origin, as well as in incipient tabes, where he applies the nettles directly to the parts affected; (b) in dyspnoea depending upon cardiac or vascular disease, where "general urtication" (that is, pricking along the vertebral column and over the whole abdomen and chest) is said to "relieve the agonising symptoms far more rapidly and more completely than any other epispastic does;" (c) in respiratory diseases, spinal and thoracic urtication soon allays cough, promotes expectoration, relieves oppression, and produces a striking, though only temporary, improvement in the subjective condition; (d) in amenorrhœa, urtication of the lumbar, sacral, and internal femoral regions excites the menstrual flow, even when employed alone, without any adjuvant; (e) in impotence, pricking the loins, sacral region, and genital parts is also of great service; (f) in rheumatic, muscular, and articular pains, urtication, combined with cold bathing, is often far more useful than anything else; (g) in syncope, asphyxia, concussion of the brain, coma, etc., energetic general urtication is an invaluable resuscitating measure, which has been successfully resorted to by the peasantry all over Russia from time immemorial. —*British Medical Journal*.

AMERICAN MEDICAL ASSOCIATION. FORTIETH ANNUAL MEETING.—To be held in Newport, R. I., June 25, 26, 27 and 28, 1889.

The Fortieth Annual Session will be held in Newport, R. I., on Tuesday, Wednesday; Thursday and Friday, June 25, 26, 27 and 28, commencing on Tuesday, at 11 A. M.

### SECTIONS.

*Practice of Medicine, Materia Medica and Physiology*.—Dr. F. C. Shattuck, Chairman, Boston, Mass; Dr. G. A. Fackler, Secretary, Cincinnati, O.

*Obstetrics and Diseases of Women*.—Dr. W. H. Wathen, Chairman, Louisville, Ky; Dr. A. B. Carpenter, Sec'y, Cleveland, O.



*Surgery and Anatomy.*—Dr. N. P. Dandridge, Chairman, Cincinnati, O.; Dr. W. O. Roberts, Sec'y, Louisville, Ky;

*State Medicine.*—Dr. J. Berrien Lindsley, Chairman, Nashville, Tenn.; Dr. S. T. Armstrong, Sec'y, U. S. M.-Hosp. Service.

*Ophthalmology.*—Dr. George E. Frothingham, Chairman, Ann Arbor, Mich.; Dr. G. C. Savage, Sec'y, Nashville, Tenn.

*Laryngology and Otology.*—Dr. W. H. Daly, Chairman, Pittsburg, Pa.; Dr. E. Fletcher Ingals, Sec'y, Chicago, Ill.

*Diseases of Children.*—Dr. J. A. Larrabee, Chairman, Louisville, Ky.; Dr. C. J. Jennings, Sec'y, Detroit, Mich.

*Oral and Dental Surgery.*—Dr. F. H. Rehwinkel, Chairman, Chillicothe, O.; Dr. E. S. Talbot, Sec'y, Chicago, Ill.

*Medical Jurisprudence.*—Dr. James G. Kiernan, Chairman, Dunning, Ill.; Dr. T. B. Evans, Sec'y, Baltimore, Md.

*Dermatology and Syphilography.*—Dr. L. D. Bulkley, Chairman, New York; Dr. W. T. Corlett, Sec'y, Cleveland, O.

A member desiring to read a paper before a Section should forward the paper, or its *title* and *length* (not to exceed twenty minutes in reading), to the Chairman of the appropriate Section at least one month before the meeting.

#### OFFICIAL PRELIMINARY PROGRAMME.

*First Day, Tuesday, June 25.*—Assemble in Music Hall, Bellevue Avenue, at 11 A. M.

Meeting called to order by Dr. Horatio R. Storer, Chairman Committee of Arrangements.

Prayer. Rev. Thatcher Thayer, D.D. (Cong.), the senior clergyman of Newport.

Reading names of delegates and others thus far registered, by Permanent Secretary, Dr. Wm. B. Atkinson. of Philadelphia.

Announcement of the programme for the day, of halls for the Sections, that papers not already listed be handed to Chairman of Committee of Arrangements for reference to appropriate Sections, that Judicial Council meet at 2

P. M., at Newport Casino, and that, to prevent the usual haste and confusion, the delegates from the different States hold their separate meetings, to elect members of the Nominating Committee, at 9.30 A. M., Wednesday, at the Music Hall, half an hour before the general session.

Addresses of Welcome by Hon. Thomas Coggeshall, Mayor of Newport; by Dr. Henry E. Turner, of Newport, President of State Board of Health, on behalf of the profession of Newport; and Hon. James H. Eldridge M. D., of East Greenwich, ex-President of Rhode Island Medical Society, on behalf of the profession of Rhode Island.

Presidential Address, Dr. W. W. Dawson, of Cincinnati, Professor of Surgery in the Medical College of Ohio.

*Second Day, Wednesday, June 26.*—Meeting called to order by the President of the Association, at 10 A. M.

Prayer.

Reading continuation of registry list, of programmes of the day, and call for reports as to elections upon Nominating Committee.

Address on Medicine, by Dr. Wm. Pepper, of Philadelphia, Provost of the University of Pennsylvania.

Report of the Trustees of *The Journal*.

Consideration of proposed Amendments to the Constitution.

Announcement of Nominating Committee, and that it will report at close of Thursday's general session.

*Third Day, Thursday, June 27.*—Meeting called to order by the President, at 10 A. M.

Prayer.

Reading of continuation of registry list, and of programmes for the day, and notice that all new business must be introduced at to-day's session.

Address on Surgery, by Dr. Phineas S. Conner, of Cincinnati.

Introduction of New Business.

Report of Treasurer.

Report of Librarian.

Report of Rush Monument Committee.

Report of Nominating Committee.

*Fourth Day, Friday, June 28.*—

Meeting called to order by the President at 9 A. M.

Prayer.

Reading of continuation of registry list, and of programmes for the day.

Address on State Medicine, by Dr. W. H. Welch, of Baltimore.

Report of Necrologist,

Reading names of newly elected officers of the Sections and Delegates to Foreign Societies.

Introduction of the in-coming by the retiring President.

Response by the former.

Final Adjournment.—*The Journal*.

# THE SLOW PULSE AND ITS PATHOGENY.

—At the Paris Therapeutical Society, on March 27th, (*Prog. Méd.*), M. Huchard read a paper upon Slow Pulse associated with Syncopal and Epileptiform Attacks and its Treatment, proposing to term the condition Stokes-Adams' disease, from the names of those who first pointed it out (1836). Those authors attributed the symptoms to fatty degeneration of the heart. Charcot and Blondeau considered them due to a bulbar lesion (from cases ensuing on lesion of the spinal column) and to medullary disturbance. M. Huchard would add to these factors the influence of renal disease, and particularly of arterio-sclerosis. In cases recorded by Debove, and some observed by himself, he has seen the phenomena of slow pulse with syncopal and epileptiform attacks complicated with true angina, and later with oedema and albuminuria. One of the cases showed a transition of symptoms from those of bulbar origin to cardiac and finally to renal. The treatment proposed—obviously only palliative—consists of iodide of potassium or sodium, combined with nitro-glycerine, or subcutaneous injection of nitro-glycerine alone. Afterwards, as arterial tension lessens, he gives caffeine hypodermatically, and, should uræmic symptoms occur, places the patient on a milk diet. In a discussion on the paper, M. Fernet objected to give a name to the "syndroma," and pointed out the inconvenience attending the use of proper names in nosology. Moreover, Adams

and Stokes did not correctly ascertain the pathogeny of the affection, which might more reasonably be named after Hutchinson. Nor could M. Fernet concur in referring all cases to arterio-sclerosis, since instances of slowness of pulse with syncopal and epileptiform attacks are met with in injuries to the medullary region, in cervical pachymeningitis, in diphtheritic bulbar paralysis, &c. M. C. Paul pointed out that in their later stages the cardiac class of cases resembled the renal, so that it was often difficult to determine the part played by uræmia in such cases. M. Huchard, in reply, said he did not insist on the name he had proposed, and that he had not confounded the cases he described with those referable to diverse lesions of the medulla. In reference to this it may be remarked that in his chapter on Fatty Degeneration of the Heart ("Diseases of Heart and Aorta," 1854) Dr. Stokes quotes a case of Dr. Cheyne's, as well as that of Dr. Adams, and indicates "cerebral symptoms" as being commonly present in this form of cardiac disease. These symptoms, he adds, "consist in the occurrence of repeated pseudo-apoplectic attacks, of various degrees of intensity and duration. They are seldom followed by paralysis. Attacks of vertigo, dimness of vision, and syncope are observed." —*Lancet*.

ANTISEPTIC AND ANALGESIC COTTON FOR THE DRESSING OF WOUNDS.—Dr. Eller (*Revue gén. de Clin. et de Thérap.*, March 7, 1889) recommends the following as an analgesic and antiseptic mixture:

R.—Cocaine hydrochlorate 3 parts.  
 Water . . . 60 "  
 Boric acid . . . 6 "  
 Glycerine . . . 8 "  
 Carbolic acid . . . 2 "—M.

Dissolve the cocaine in the water, and the boric acid in the glycerine; then mix these together and add the carbolic acid.

This preparation serves to render antiseptic as many ounces of cotton as ounces of water have been used. The cotton thus obtained serves as a dressing for burns.—*Medical News*.



#### A HINT FOR FACILITATING THE MICROSCOPICAL EXAMINATION OF URINE.—

When attempting to examine urine under the microscope for casts, epithelial cells, and other organic bodies, a good deal of annoyance and difficulty is sometimes caused both by urates and also, when the specimen is not quite fresh, by fermentation and putrefactive products. In order to obviate this difficulty, and with the further view of preserving the specimen, Dr. M. Wendringer advises that the urine should be mixed with a nearly saturated solution of borax and boracic acid. This dissolves the urates and keeps the urine from fermenting, and at the same time exercises no destructive effect upon the casts and epithelial elements which it is desired to examine. The solution is prepared by mixing 12 parts of powdered borax in 100 parts of hot water, and then adding a similar quantity of boracic acid, stirring the mixture well. It is filtered while hot. On long standing a small deposit crystallises out, but clings to the side of the vessel, so that it does not interfere with the transparency of the liquid. The urine to be examined is put into a conical glass, and from a fifth to a third of its bulk of the boracic solution added to it and agitated with it. The urine will be found to become clear in a short time—i. e., if there is no cloudiness due to bacteria; and it will remain unchanged for several days. If it is only wanted to clear the urine and to make it keep for a day or two, the addition of a smaller quantity of the boracic solution is sufficient. If a third of its bulk is added, no fermentation or putrefactive processes take place, even if the glass is left uncovered in warm places. Albumen, too, if it exists, is not coagulated. The organic elements—as epithelial cells, casts, blood corpuscles, &c.—collect so quickly, without undergoing any morphological change at the bottom of the glass, that the first drop taken up by the pipette usually proves a satisfactory specimen.—*Lancet*.

#### SIMPLE METHOD OF TREATING CORYZA.

—Camphor in various forms is frequently recommended for colds in the head,

although Dr. George Johnson and others long since indicated the dangers attending the use of concentrated alcoholic solutions. The following method of application is suggested in a Swiss pharmaceutical journal, and certainly has the merit of simplicity:—A jug is half-filled with boiling water, into which a teaspoonful of well-powdered camphor is thrown. A funnel-shaped paper cap is then placed on top of the jug, and a hole torn in it just fitting the nose. The camphorated steam is inhaled through the nose for ten or fifteen minutes, the inhalation being repeated if required every four or five hours. If the patient resolutely persists with the inhalation, in spite of its unpleasantness, it is said that three repetitions will always effect a cure, however severe the coryza may be.—*Lancet*.

#### SEVENTH DECENNIAL CONVENTION FOR REVISING THE PHARMACOPŒIA OF THE UNITED STATES OF AMERICA.—

Notice is hereby given that, in accordance with and by virtue of the authority vested in me by the Convention of 1880, I hereby call upon the several incorporated Medical Societies, incorporated Medical Colleges, incorporated Colleges of Pharmacy, and incorporated Pharmaceutical Societies throughout the United States of America, The American Medical Association, and The American Pharmaceutical Association, to elect a number of delegates, not exceeding *three*, and upon the Surgeon-General of the Army, Surgeon-General of the Navy, and the Surgeon-General of the Marine Hospital Service to appoint, each, not exceeding *three* medical officers to attend a General Convention for the Revision and Publication of the Pharmacopœia of the United States of America, to assemble in the city of Washington, D. C., on the first Wednesday of May, 1890 (May 7), at twelve o'clock noon.

The several bodies, as well as the Medical Departments of the Army, Navy and Marine Hospital Service, are hereby requested to submit the Pharmacopœia to a careful revision, and to transmit the result of their labors to the Committee of Revision at least three

months before the meeting of the General Convention.

The several Medical and Pharmaceutical bodies are hereby requested to transmit to me, as the President of the Convention of 1880, the names and residences of their respective delegates, as soon as they shall have been appointed; a list of these delegates shall thereupon be published under my authority, for the information of the medical public, in the newspapers and medical journals in the month of March, 1890.

In the event of the death, resignation or inability of the President of the Convention of 1880 to act, these duties (in accordance with the Resolution of that Convention) shall devolve, successively, in the following order of precedence: upon the Vice-Presidents, the Secretary, the Asst. Secretary, and the Chairman of the Committee of Revision and Publication of the Pharmacopœia.

These officers are as follows: *First Vice-President*, Samuel C. Busey, M. D., of Washington, D. C.; *Second Vice-President*, P. W. Bedford, Ph. G., of New York; *Secretary*, Frederick A. Castle, M. D., of New York; *Assistant Secretary*, C. H. A. Kleinschmidt, M. D., of Washington, D. C.; *Chairman of Committee of Revision*, Charles Rice, Ph. D., of New York; *First Vice-Chairman of the Committee of Revision*, Joseph P. Remington, Ph. M., of Philadelphia, Pa.; *Second Vice-Chairman of the Committee of Revision*, C. Lewis Diehl, Ph. G., of Louisville, Ky.

At the General Convention held in Washington, D. C., on the fifth day of May, 1880, the organizations and bodies enumerated in the Abstract of the Proceedings of the National Convention of 1880, on pp. xv. to xviii. of the U. S. Pharmacopœia of 1882,—a list of which will be found appended to this call—were recognized as being entitled to representation.

If any body other than those admitted in 1880 shall desire a representation in the convention of 1890, it is suggested that the proof of incorporation, signed by the Secretary of State, of the State which shall have issued the charter, or by properly qualified public officials of

the United States, be presented with the credentials of the delegation.

A blank form of certificate of appointment of delegates will be sent upon application by letter to my address, care of Dr. Edwin H. Brigham, Assistant Librarian of the Boston Medical Library, 19 Boylston Place, Boston, Mass.

(SIGNED.) ROBERT AMORY,  
*President of the Convention of 1880.*  
BOSTON, March 9, 1889.

**CARBOLIC ACID AND IODINE IN WHOOPING-COUGH.**—Dr. Rothe, having met with some unfortunate cases of whooping-cough treated with antipyrin, turned his attention to a combination of iodine with carbolic acid in the treatment of this affection, and with this combination he has obtained excellent results. He has, he says, treated hundreds of cases, and cannot remember one in which the affection lasted longer than four weeks, besides which no fatal case occurred. The mixture he employs is as follows: acid carbol. 15 gr.; sp. vin., 15 gr.; tinct. iod., 10 gtt.; tinct. bellad., 30 gr.; aq. menth. pip. 2 oz.; syr. opiat., 150 gr. A teaspoonful of this is given to children over two years of age every two hours. When this treatment was carried out from the commencement of the complaint the severity was never great, and even when it was only begun in cases that had been going on for six or seven weeks it soon cut them short.—*Lancet*.

**AN OPENING FOR A DOCTOR.**—Much has been said about the overcrowded state of the medical profession in the United States. As we have often implied, the evil is more apparent than real, and there are still large districts in which there is actually a dearth of practitioners. One such region, in Tennessee, has lately been brought to our attention by Mr. James H. Cocke, a merchant of the town of Lambert. Mr. Cocke states that there is no practising physician within a district eight miles square, including that town. He is therefore desirous of inducing one to settle in that place, where he says, there is "a good paying practice." He prefers a married man, and



says that he will supply him with a comfortable house for a small family at a merely nominal rental as an inducement to the right kind of man.—*N. Y. Med. Journal*.

THE ADMINISTRATION OF IRON IN CHLOROSIS.—At a recent meeting of the Obstetrical Society of London, an account of which we find in the "British Medical Journal," a paper having been read by Dr. W. Stephenson, of Aberdeen, "On the Relation between Chlorosis and Menstruation," Dr. Leith Napier supported the opinion that chlorosis depended upon climate to a certain extent; and spoke of the rarity of its coincidence with tuberculosis. As to the form of iron to be given, Bland's pills were very useful, but the speaker preferred an old Berwickshire surgeon's prescription of a mixture of equal parts of iron filings, cream of tartar, and licorice powder, as much as would cover a shilling being given daily.—*N. Y. Med. Journal*.

IODINE APPLICATION IN ERYSIPELAS.—Dr. Tichomirow, writing in a Russian military medical journal, recommends the employment of tincture of iodine as an external application in erysipelas even in cases where bullæ have formed. He paints the iodine over the affected part and its vicinity three or four times a day. The irritation caused by the treatment is easily allayed by the application of a little camphorated oil. Usually he found a couple of days sufficient to reduce the infiltration and to bring the temperature down to normal. A similar mode of treatment he also considers very beneficial in cases of boils and carbuncles. Even after these have broken he recommends that the iodine should still be applied, the wound being cleansed from pus and a dressing of cotton-wool applied.—*Lancet*.

DETECTION OF SUGAR IN URINE. By C. Schwarz (*Arch. Phar.*).—1 to 2 c. c. of lead acetate is added to 10 c. c. of urine and filtered; 5 c. c. of the filtrate is mixed with 5 c. c. of normal potash solution, and one or two drops of phenylhy-

drazine, well shaken and vigorously boiled; in the presence of sugar, the liquid becomes lemon to orange-yellow, and becomes opaque on adding an excess of acetic acid, owing to the immediate formation of a finely divided yellow precipitate. In the absence of sugar this precipitate never occurs with urine. *North American Practitioner*.

A MEDICAL BILL OF THE OLDEN TIME.—Dr. Wiggins, of Huntington, Long Island, a century ago, had some of the "poor practice" of that town. He has left a bill against the supervisors for the treatment of an Indian maiden Catharine by name:

	£.	s.	d.
"1763 March 10, Indian Catig			
to visit, bleeding & drops,	0	5	9
"April 1, Do to visit, pills,			
bleeding and drops.	0	5	0
"Do Cash po. vial, drops, 2s.	0	2	10
"April 30, Do to visit & med	0	8	0
"Do to Loaf Bread,			
8 lb. pork, 7 lb.			
flour & rice.	0	8	6
	£1	10	1
"Do to 2 lb. sugar and			
quart rum . . . .	2	10.	"

From this we judge that Dr. Wiggins followed up his antiphlogistic regimen with an ample diet and stimulation.—*New York Medical Journal*.

PHENACETINE IN WHOOPING-COUGH.—Dr. Heimann of Landau, writing in the *Münchener Med. Wochenschrift*, states that he was induced to try the effect of phenacetine in whooping-cough as he had been very much disappointed with antipyrin. Although he has given children of three and four years old a few doses of fifteen grains each of phenacetine, he has never found any ill-effects from its use, and the results, he says, have been uniformly satisfactory.—*Lancet*.

**IDIOSYNCRASIES ATTENDING THE USE OF ALCOHOL.**—Under the somewhat incorrect title of "Idiosyncrasies of Alcohol," Dr. W. S. Searle writes in the last number of the *North American Review*. He opposes the doctrine of total abstinence, while commending the good intentions of those who would rally the world to temperance reform under the banners of prohibition. Temperance, he affirms, is the true doctrine, and total abstinence a fanatical error. Total abstinence have represented alcohol in all its forms and under all circumstances as a deadly poison; fanatics constantly attribute to its pathogenetic influence a multitude of diseases which are by no means exclusively found in drunkards. The pathological effects of alcohol are far from uniform. Often, as with tea, coffee, tobacco, arsenic, the human system gradually becomes accustomed to alcohol and tolerant of its presence. If consumed in moderate quantities and in its milder forms (we are quoting from the *Review* writer), it is extremely doubtful whether it is capable of producing any disease in the majority of individuals.

In support of this statement, Dr. Searle might have appealed to some late European experiments, where certain animals were "dosed" for a number of years with small quantities of pure ethyl alcohol well diluted; these animals did not suffer perceptibly in their health and when finally killed, their viscera were found intact.

Allusion is made to the fact that in many instances men have consumed alcohol in immense quantities and for many years, and yet survived to a ripe old age. Such a fact is quoted from the *New York Tribune*; a man whose name, date, and place of death is given (M. Dronan, of Brittany), died recently aged one hundred years. "He was wont regularly to consume a bottle of wine with his dinner, and follow that meal with a glass of brandy. His ancestors were addicted to alcoholic stimulants. The physicians who made the autopsy were astonished at the soundness of his organs." This man did not die from disease but from accident. If it could be

shown that this account, attested by the Paris correspondent of the *Tribune*, were unauthentic, the fact still remains that in every large community individuals exist who have drunk distilled liquors freely and steadily for fifty, sixty, and seventy years, and have finally died of old age. Original hereditary influences, variety of employment, the rapid elimination by the emunctories, and established tolerance, count for much in solving the problem of the variety of results; it must be acknowledged that no other substance can be named, the pathogenetic effects of which are so diverse, and which yet often fails to show itself noxious at all. "It may justly be claimed, however, that in the sedentary, degeneration of the liver is the most constant, while in those of nervous temperament, brain diseases are most common." It may also be noted that alcohol is least injurious to men of lymphatic temperament.

If the physical results of alcohol are varied, continues the reviewer, much more diverse are the effects on the mental and moral nature of man. Some persons are pleasurably affected by alcoholic stimulants; sense and intellect are exalted. Once led captive by alcohol, these unfortunates seldom have will-power to refrain from renewed indulgence. No moral considerations avail to restrain them, and with few exceptions, they yield wholly, finally, and fatally to the tempter. For such men, total abstinence is the only refuge.

Upon the large majority of men the effects of alcohol, taken to intoxication, are clearly and essentially different. Repeated indulgence brings drowsiness, dullness of apprehension, anæsthesia, vertigo, nausea and vomiting—in short, bodily and mental symptoms which are excessively disagreeable. Of this class very few become drunkards, and those are men to whom anæsthesia becomes desirable as a temporary refuge from bodily pain or mental distress. Here lies the explanation of the fact that the proportion of drunkards to moderate and habitual drinkers, remains so small.

The *Review* writer alludes to the benefits of alcohol in states of prostration,



in early phthisis, and in cases of predisposition to phthisis, where sometimes "those who are assisted by alcohol are often able to pass the critical period when this disease is wont to develop." He remarks that "among those in mercantile life who pursue their business with such unremitting attention as is necessary to success in American cities, there are many who might escape a premature breakdown under the enormous loads they carry; if they would renounce their total abstinence principles and and practices and partake of wine with their meals. They would eat less, digest better, carry fewer worries to their beds, and so be better able to endure a life which moves at a faster rate and pressure than any other on the globe."

It is doubtful whether there are facts either to confirm or disprove the above proposition. It is entirely a matter of speculation whether some persons who have prematurely broken down by devotion to mercantile pursuits and by harassing cares would have escaped the fatality had they indulged moderately in some alcoholic beverage. Good authorities have found reason to believe that even a moderate use of spirituous liquors favors arterial degenerations, cardiac and hepatic derangements, especially in the sedentary. This, at least, is the conclusion reached by Harley in his valuable series of articles in the *London Lancet* for 1888.\* A careful perusal of these articles should lead one to hesitate before recommending business men to become "moderate drinkers." No general rule can of course be laid down, and the physician in his advice to his patrons will have to be guided, according to his best judgment, by the idiosyncrasies and requirements of each individual case. If he carelessly prescribes a bottle of sherry a day to the man who is overburdened with business cares, and this is to take the place of that rest, relaxation, change of scene, and exercise in the open air which are clearly indicated, he is sure to do his patient harm.

That some, however, will be benefitted by the temporary use of a moderate allowance of such stimulants there is no doubt.—*Boston M. & S. Journal*.

HENOCH (BERLIN): CRANIAL FISSURES IN EARLY CHILDHOOD.—(*Berl. Klin. Wochenschr.*, XXIX., 1888).—Henoch reports two rare cases in each of which there was a cranial fissure in the infantile skull. The first case was that of a five-months and the second of a three-months-old child. Both fell sick of convulsions at about the age of four weeks. In one case there developed on the right side of the head above the ear a tumor about the size of a kidney, elastic and somewhat flat, which diminished in size on pressure. When the child cried, the tumor increased in size and became transparent. The skin over it was displaceable. Around the tumor a sharp, bony margin was perceptible. Upon puncture a clear, amber-colored albuminous fluid was drawn off. It had to be repeated twice. After the third puncture the tumor quickly diminished very considerably in size. A large fissure could only be noticed in the cranium. The child died after a few months from collapse. The post-mortem dissection revealed the following: Fracture of the parietal bone, spurious traumatic meningocele, chronic adhesive pachymeningitis and arachnitis, recent meningitis of the pseudo-membranous variety, and chronic interstitial encephalitis.

In the other child was also found on the right side of the cranium a flat, somewhat soft prominence, which enlarged on coughing. It was also in this case surrounded by an elevated bony margin. Deeply in, a trifid fracture of the bone could be distinctly felt. The trial puncture revealed no serum, but blood only, for it was shown by the post-mortem examination that the tumor contained no fluid, but the apparent fluctuation was caused by the subjacent brain. The post-mortem examination revealed the same condition as in the first case. Henoch is of the opinion that the condition in question is not a congenital defect, but the consequence of traumatic influences. Whether these came

\*G. Harley, "On the Effects of Moderate Drinking on the Human Constitution, *London Lancet*, 1888, 1st vol. pp. 361, 409, 461, 566, 614.

into action before, during or after birth, he leaves undecided. In the two cases described he is inclined to accept the latter view. If a cranial injury, at first perhaps only a cranial fissure takes place in such little children; it seems to enlarge from the borders by absorption of the osseous tissue in consequence of the slighter deposit of lime-salts, so that finally a cranial opening results. If this is large enough in the beginning, then a tumor forms at once by the perforation of the dura and pia mater, and pouring out of the cerebral and spinal fluid. Of the greatest importance is the part taken by the brain in this process, the encephalitis, which develops from the place of fracture or rather from the adhesions which had formed between the dura mater, arachnoid, and the bones. It may penetrate deeply into the brain substance. It certainly caused the death of the children.—*American Journal of Obstetrics*.

#### REMEDIES IN COCAINE-POISONING.—

Morphine is to some extent an antagonist to cocaine, as it is to atropine; but no beneficial results appear to follow the administration of opium or morphine in cocaine-poisoning, even in large doses. Nitrite of amyl has been recommended as an antidote; it dilates the peripheral vessels, while cocaine contracts them. In cases of poisoning, however, it does not appear to have been of much use. The chief symptoms in severe cocaine-poisoning are referable to the nervous system; these are unconsciousness and convulsions. The latter, which are clonic in character, are cerebral in origin, since they are not produced in animals if the spinal cord be divided. However, death occurs either from respiratory paralysis or, perhaps more frequently, from tetanus of the respiratory muscles. Cocaine, in fact, acts upon the central nervous system from above downwards; it first affects the cerebral hemispheres, then the medulla oblongata, and finally the spinal cord. Chloral hydrate antagonizes all the actions of cocaine, except the rise of temperature. Although chloral itself produces a great fall of body temperature, it does not counteract the rise produced

by cocaine. In poisoning by this alkaloid, Mosso, as the result of numerous experiments, advises the inhalation of ether or chloroform; in this way death by respiratory tetanus is prevented. When the patient is recovering somewhat, chloral in small doses may be administered. But prevention is better than cure, and there is no doubt that as great care ought to be taken in using cocaine for its local anæsthetic effect as in the exhibition of any other powerful drug, and especially is this the case when it is injected hypodermically.—*Chem. and Drugg.*

### MEDICAL AND CHIRURGICAL FACULTY.

#### SECTIONS.

*Section on Surgery.*—Randolph Winslow, O. J. Coskery, Samuel T. Earle, John G. Jay, Robert W. Johnson.

*Section on Practice.*—Wm. B. Canfield, W. S. Forwood, W. D. Booker, James E. Gibson, David Streett.

*Section on Obstetrics and Gynecology.*—T. A. Ashby, L. E. Neale, Thomas Opie, Chas. C. W. McGill, Chas. H. Riley.

*Section on Materia Medica and Chemistry.*—T. Barton Brune, W. B. Platt, J. H. Branham, Whitfield Winsley, Henry Salzer,

*Section on Sanitary Science.*—W. C. Van Bibber, F. Donaldson, Sr., James Carey Thomas, C. H. Jones, James H. Grimes.

*Section on Anatomy, Physiology and Pathology.*—Wm. H. Welch, F. T. Miles, George J. Preston, J. W. Chambers.

*Section on Psychology and Medical Jurisprudence.*—Richard Gundry, Chas. G. Hill, J. H. Conrad, Wm. Lee, Chas. H. Jones.

*Section on Microscopy, Micro-Chemistry, and Spectral Analysis.*—C. Johnston, Sr., W. T. Councilman, W. C. Kloman, W. P. Morgan, R. B. Morison.

*Section on Ophthalmology, Otology, and Laryngology.*—H. C. McSherry, J. N. Mackenzie, A. Friedenwald, Herbert Harlar, W. J. Jones.



## Medical Items.

The daily papers announce that small-pox is rapidly spreading in Nanticoke, Pa.

Dr. Samuel W. Gross, of Philadelphia died last Tuesday of pneumonia in his 52nd year.

The State Medical Society of Tennessee will meet in annual session at Nashville, April 30, and continue in session three days.

The next meeting of the International Pharmaceutical Congress has been postponed until September, 1890.

Dr. George H. Rohé has gone to North Carolina to read a paper before the State Society there.

Dr. Nathan R. Gorter has given up his intention of settling in New York and has opened an office at his house 1 Biddle Street, West.

The death is announced of Dr. J. H. Kidder, a retired naval surgeon, and lately engaged in scientific work in the Smithsonian Institute at Washington, D. C.

Dr. v. Noorden will take the post of Assistant in the Second Medical Clinic at Berlin, vacated by Dr. Müller, who has accepted an extraordinary professorship at Bonn.

Dr. Wm. Osler the Orator of the Faculty and the out-of-town members will have a reception at the house of Dr. John Morris, the President, 118 E. Franklin Street, on Wednesday evening, April 24th, between the hours of 9 and 11 P. M.

According to M. Moulé, domestic fowls are frequently the subjects of tuberculosis, the disease often involving the abdominal organs. *Pate de foie gras* is sometimes almost a pure culture of tubercle bacilli.

Dr. Burggræve, of dosimetric medicine fame, is determined not to be in the background, for, in view of the forthcoming Exhibition, he is also organising an International Congress of Dosimetric Medicine, which will be held in the second week of the month of July next.

The second annual address before the Society of the Alumni of Bellevue Hospital was delivered April 3, at the Academy of Medicine, by Dr. William Osler, Professor of Medicine in Johns Hopkins University. Dr. Osler's subject was "*Phagocytes*." After his lecture he was given a reception.

The fourth meeting of the French Surgical Congress will be held at Paris, from October 7th to 13th, under the Presidency of Baron Larrey. The following subjects are proposed for discussion: 1. Results, immediate and remote, of operations performed for local tuberculosis. 2. Surgical treatment of peritonitis. 3. Treatment of aneurysms of the limbs.

The Annual Meeting of the National Association of Railway Surgeons will be held at St. Louis, Mo., on Thursday and Friday, May the 2d and 3d, 1889. Any information desired can be had by addressing the Secretary, C. B. Stemen, M. D., Fort Wayne, Ind.

Ginseng is a root obtained in Manchuria, and much prized by the Chinese as a cure for most of the ills to which human flesh is heir. Its supposed efficacy is, perhaps, partly due to its great scarcity and consequence high price. A recent issue of the *Pekin Gazette* contains a report from the military governor of Kirin, in Manchuria, stating that he has forwarded for the use of the Emperor by special messenger eight large and sixteen small ginseng, weighing altogether 9.4 ounces. The total cost is given at 1,560 taels, or about \$2000, being at the rate of about \$225 an ounce.

Prof. Henry Sewall, a graduate of and former Demonstrator of Biology in Johns Hopkins University, and more recently Professor of Physiology in the University of Michigan, has been elected Professor of Physiology in the College of Physicians and Surgeons. Professor T. S. Latimer has been transferred to the chair of Principles and Practice of Medicine and Clinical Medicine. Professor C. F. Bevan has been transferred to the chair of Clinical, Operative and Genito-Urinary Surgery. Dr. J. W. Chambers has been elected Professor of Anatomy and Orthopedic Surgery. Dr. J. H. Branham has been appointed Demonstrator of Anatomy and Dr. L. F. Ankrum Assistant Demonstrator. Dr. Geo. Thomas has been appointed Lecturer on Diseases of the Throat, Heart and Lungs.

An Army Medical Board will be in session in New York City, N. Y., from May 1st to 31st 1889, for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board will make application for the necessary invitation to the Secretary of War, before May 1, 1889, stating the place of birth, place and State of permanent residence, and enclosing certificate based on personal knowledge from at least two persons of repute, as to American citizenship, character and moral habits. Testimonials as to professional standing, from Professors of the Medical College from which the applicant graduated, and of service in hospital from the authorities thereof, are also desirable. The candidate must be between 21 and 28 years of age, and a graduate from a *Regular Medical College*, evidence of which, his Diploma must be submitted to the board.

Further information regarding the examinations and their nature may be obtained by addressing the Surgeon General U. S. Army, Washington, D. C.

JNO. MOORE,  
Surgeon General, U. S. Army.  
SURGEON GENERAL'S OFFICE.  
Washington, D. C., April 1, 1889.

Original Articles

CRIME: ITS PHYSIOLOGY AND  
PATHOGENESIS. HOW FAR  
CAN MEDICAL MEN AID  
IN ITS PREVENTION.

BY JOHN MORRIS, M. D.,  
OF BALTIMORE.

[President's Address, delivered before the  
Medical and Chirurgical Faculty at its 91st  
Annual Meeting, April 23rd, 1889.]

The teaching of the day appears to be to make the physician a naturalist—a physicist. The powers of observation are to be enlarged and trained solely to study natural phenomena. The life of animals and plants is to form an important part in the education of students. The doctrine is notably advocated in the addresses delivered last year at the meeting in Glasgow of the British Medical Association by Dr. Gairdner, Sir William Turner and Dr. Clifford Allbutt. Governments spend immense sums of money in fitting out ships to explore the bed of the ocean—to study the fauna of the sea and even the habitudes of the madrepore and the sponge. All this is well, but the higher study is neglected—the study of society—the study of man and his relations to his fellow men, the advancement of the race through its psychical cultivation. Millions of diseased men—mentally diseased men—remain uncared for and the causes that have led to their degeneration overlooked and unstudied. What is called culture in education merely implies beauty and grace not strength and virtue. Much attention is given to the development of physical vigor in our schools and universities—indeed it is the fashion of the hour, but little thought is devoted to the building up character.

It is admitted by all men that crime is the great evil of our time—the canker of our civilization.

The efforts of society have heretofore been solely directed to the reformation of prisoners by rehabilitation and the amelioration of their condition. No suggestions have ever been made, as far

as my reading and observation go, to prevent men and women becoming criminals—no means of prophylaxis, so to speak, to arrest in the onset the bud-dings, the outcroppings of vice, and thus abort a disease which in the end will become a deadly cancer. To prevent a man becoming a criminal you must begin with him as a child. Up to the present moment the direction of the minds of children, outside of the parental teaching and example has been left to the State and the Church—the State through its schools—the Church through its Sunday instruction and worship.

Desires of usefulness, purposes of industry and honesty are not created or expanded by our present training. What is termed moral and religious education embraces nothing but the dry bones of morality and religion; there is nothing practical, nothing elevating in the whole curriculum. Even the sense of right and wrong, which is the basis of all morality, is not clearly, effectively and practically taught. It is only the education that seeks to stimulate every noble purpose and capacity that can avail to form or change character, and this kind of education is not obtained in the school and the church. Tenets and dogmas and biblical story, much of which is figurative, allegorical and apocryphal take the place of mind training—of the soul-culture, so to speak, that leads to wholesome and true piety. What does the ordinary teacher in Sunday school or in any other school know or care for the laws of heredity or the existence of perverse sentiments or motives, or crime dispositions? The Talmud and the Zend Avesta are perhaps better known to him than the character of the Christian soul before him.

There can be no doubt of the dependence of character and conduct upon certain organic forces; but these forces can be changed, can be directed, can be elevated by scientific training based on the simple principles of observation and study. Every one cries out against immorality—the religious and the irreligious—the agnostic, the theist, the pagan—but what steps are taken to create



morality;—to make morality a public sentiment; to make it a subject of national pride? Are such elements of character as patience, industry, courtesy, good temper, cleanliness, taught to our youth or practised as a rule by our people? Yet these are the prominent, the prevailing influences in Japan.

Both Stevens and Cecil, the two latest travellers agree as to the superiority of the Japanese in moral traits over what is termed enlightened nations. Mr. Stevens was delighted with the cleanliness of the Japanese inns, with the gentleness and unfeigned courtesy of the people, with the characteristic gayety and cheerfulness of young, middle-aged and old alike. This peculiar lightheartedness, common in no like degree to any other known people, is but external manifestation of perhaps the most genial and amiable national character to be found anywhere. Mr. Cecil says, "Of their present transitory condition it is difficult to speak too highly. It is marked, not only by uniform courtesy, but by good behavior. Vice may exist but it does not obtrude itself. Neither swearing nor bad language is to be heard in the streets, nor is drunkenness or immorality to be seen, unless sought for. Every where civility and politeness seemed to be the rule amongst all classes, not only towards one another, but invariably, and especially towards strangers. Thanks to a good police and the natural amiability of the people, crimes of violence and outrage are scarcely known. Of the result of the new system of education, it is too soon to judge, but already intelligence, industry, thrift and cleanliness exist both inside and outside the dwelling houses. Could board schools do more for them says Mr. Cecil? Have they done as much for us at home? If so, why should the manners, address, and the language of this better people be infinitely superior to those of other nations who have the privilege of calling themselves Christians?"

A mere knowledge of grammar and arithmetic will not make character, and the ordinary school official feels no responsibility beyond the imparting of this knowledge. Some sanitarian may sug-

gest that the light on the book ought to come over the left shoulder of the pupil, but the other light "that is not on land or sea," that divine light which does not, but which ought to enlighten every man who cometh into this world is suffered to come through chinks, the mere receptive openings which the law of heredity has bequeathed to the child.

Where the law of heredity is recognized it is the duty of the medical man to forwarn parents and to suggest the proper education and surroundings to render innocuous this taint of blood. The celebrated Juke family would never have been a charge to the State of New York had this rule been understood and applied at the time of the first outgrowth of the miserable brood. This law of heredity obtains even more in moral than in physical traits. An old member of the bar told me many years ago that he could trace out eleven generations of harlots in a distinguished family of this country. I personally know a family descended from one of the mistresses of Charles the Second, who have the physical beauty, the levity, the gallantry and the fine manners of their royal progenitor. Even *acquired* physical deformities can be transmitted. Brown-Séquard has shown this by his experiments on rabbits. He amputated the legs of rabbits and their progeny were born limbless. I know an old physician who suffers from an acquired deformity which has passed through three generations.

There is such a thing as breeding back, which if it could be carried out would oft times be a happy change in our economy. Doctor Scouller, of Illinois, relates a story about breeding back. He received a present of a pair of Norwich, (England) canaries. They were very beautiful in color—feathers like burnished gold; but when the young were hatched, fifty per cent. of them were footless. Long years before in Old England, the peasants had bred only for color—sacrificed thrilling song and physical form for golden hue and exquisite feather. Now, four thousand miles west of their native home, they are breeding back half a century, disclos-

ing secrets the English bird-fanciers thought hidden away forever.

Breeding forward in the human family is exemplified in the case of endeavor to make a gentleman. The grandfather, a man of frugality, industry and probity, becomes rich. The grandson is not frugal; he is not industrious: he is not honorable. He is simply a dude or a loafer. "Begin with a man's grandfather if you wish to reform him," said some witty philosopher. If you know the principal points in the old gentleman's history you can begin with him in the child.

There was an ancient and respectable institution called the family doctor, who disappeared about the time I became a member of this Faculty. He was the trusted friend of the family; he shared all its joys and all its sorrows; he knew all its secrets, and was consulted concerning every matter relating to its harmony and well being. He was paid by the year, after the Chinese fashion, and his visits were frequent and lengthy. He thus had an opportunity to study the temperament, and all the mental and physical traits—which make up character. This man must be brought back again with added knowledge, enlarged sympathies and increased powers of usefulness. He must be brought back to occupy a higher station and a wider field—in a word, through his opportunities to become the counsellor of the State.

Observers like Lombroso and Benedict believe that criminal tendencies are present in all persons, and that crime has a direct relation to the growth of the brain and skull. If this be so, with what care should this growth be watched? There is great force in the belief of these distinguished alienists.

No doubt many are born with certain tendencies, but these tendencies are not always evil. Take the Jew as an illustration. His is an unalterable, eternal type. No matter how degraded, he is not a drunkard and he is not often an habitual criminal. Education has made him what he is, and all the persecutions and cruelties of centuries have not changed his character. By the dint of home training, of what may be justly

termed life-education he has come to rule the nations, to absorb the wealth of the civilized, even the heathen world. It is true his religion has weakened as his liberty and power have increased; but he no longer needs nor craves possession of the Holy Land—the whole earth is his. The Gypsy too illustrates an unchanging type. In every land he is the same—civilization, religion have not effaced his oriental characteristics, for his education is the education of his race. This can be embodied in a single sentence—craft and the love of gold.

Psychology or mind science rarely enters into the education of the physician, and yet all questions of moral responsibility are associated with it. The physician who has made mental phenomena a study sees the interdependence of mind and body and recognizes the necessity of the study of the bodily system. On the other hand, the ordinary medical man treats the body alone, irrespective of the mental organization. He is but half a physician. Suppose—if you can, says a writer—an engineer, thoroughly acquainted with every mechanical detail of his engine and yet ignorant of the nature and power of steam—of the force without which the complicated arrangement of wheels and levers would be but inert brass and steel; and you would have a parallel of the physician whose knowledge of the structure of the human frame, however complete, ends there, and takes no account of the mental and physical forces which animate and dominate the physical machine. The late Lord Shaftesbury expressed the opinion that any man of good common sense, conversant with the world could judge as well as a physician of the soundness of mind of any one charged with crime, and even Sir Benjamin Brodie joined in this judgement. I believe this conclusion is a just one so far as it relates to the ordinary every day practitioner of medicine. In my experience intelligent prison officials have evinced a keener knowledge of the mental condition of prisoners than the medical men having them in charge.

Mind is not an entity; it is but a part, a controlling part, it is true, of the whole



human system. The body yields to it universally; it rarely yields to the body. When I say the mind rarely yields to the body, I mean to say that if it is congenitally strong, it has a conservative, a controlling influence over the passions and that its power can only be lost by excessive animal indulgence. No student at school is over taught to think of the health of his mind. He is taught sometimes the evils of bodily indigestion and constipation, but mental indigestion and mental constipation have no place in the popular curriculum. Occasionally a physician will recognize what is called an idiosyncrasy. This is supposed to be a bodily inheritance, but it is no more so than an insane diathesis. The weakness or total absence of certain powers of mind is rarely noted in children, and yet their observation is of the highest importance in shaping their future lives. I know an old physician who never at school could draw a straight line, who never could make a quill pen (scholars made their pens in his boyhood); who never could recognize a single note in music. He was punished severely by his teachers for these shortcomings. He looks back to this period of his life with the utmost horror; all his after success has not blotted out this cruel memory.

The physician should be consulted in regard to the education of the child; he should watch its peculiarities; he should know its life-history and be thus enabled to give proper advice as to its future environment and training. Were this the case how many calamities would be avoided; how many tragedies averted; how many sorrows prevented? To fulfil this great duty, of course, the physician must be trained by a long course of mental observation. This must be a part of his education and this education must begin at an early period of his life. What a wonderful physician Charles Darwin would have made, had he devoted his marvelous industry, observation and power of grinding out laws from facts, to the study of man in place of the lower animals and plants. The child's speech, his voice, his laugh, his movements, even his steps, are all outward signs of character; exponents, as it

were, of mental action and can be duly interpreted by the acute and painstaking observer. How little are these and other equally positive phenomena observed by the ordinary medical man. The police detective can tell more concerning the sinister hang-dog look of the common thief than the most learned pathologist or physiologist. How readily can the keen observer tell the nationality of a man, single out the Celt from the Teuton, the Slav from the Hebrew. How easy to the expert is the recognition of the ovarian facies; the look of hypochondria; the cachectic expression; the Hippocratic; the splenetic, the dyspeptic countenance, and if these physical traits can be recognized, why not mental characteristics. There are as many varieties of mind as there are varieties of feature. No man is born a criminal, as no man is born insane. He is born with a certain temperament, a certain constitution, so to speak, which proves a nidus under certain surroundings for the development of crime.

Dr. Scouller in the admirable address from which I have already quoted says; "We believe that the manipulation of the crime class should be more scientific than it has been. If science cannot reform a man, it can in a great measure protect the state from this pestilence, which walks abroad in sunlight as well as shade. It can and will diagnose the hereditary, the habitual, the professional, and the accidental, as easily as the expert diagnoses typhoid from typhus fever, or diarrhoea from Asiatic cholera; and the classification and treatment must be as varied in the one case as in the other. The hereditary when diagnosed must be watched as carefully as the sanitary physician watches the contagion coming from foreign port and quarantines against it."

Puberty is the most important era in the life of man or woman, for at this period commences the outgrowth of good or evil passions. This transition stage in the life of the individual must be watched with the greatest scrutiny and care, so as to shape the character and direct the faculties of the child. To do this work effectually the eye must be

educated in youth in place of the memory. The ordinary medical student of the day is, I am sorry to say, scarcely fitted for so important a task. Billroth complains bitterly of the want of proper education in medical students. If this be so in Germany, how much more so is it in our country. How few preceptors ever think of gauging the character and fitness of their pupils!

Medical men make sacrifices—sacrifices of time, labor and sometimes money, but they are very frequently involuntary sacrifices. They make few for the sake of sacrifice, consequently it is an infrequent thing to see them engaged in any work outside of their own calling. The religious element does not enter into their feelings or labors, though the Great Father of Medicine inculcates perhaps more strongly than any other man in history the beauty and necessity of this power, this influence on the character of the true physician. Sir Thomas Browne has since emphasized these truths of Hippocrates and with rare benevolence and grace has made classical the religion of medicine. The fault exists not with the Christian religion, for as it embodies the morality of all creeds—it is the highest form of faith. The fault is solely in the manner in which it is taught. Did anyone ever hear of a prize being given in school or church for self-restraint; for earnestness; for courage; for truth, the foundation of all things moral and spiritual? If men can respect and practise virtue in the burning heart of Africa, as Stanley tells us; if the Turcoman in his solitary wilds can maintain the honesty and purity of women as O'Donovan relates—there certainly must be something wrong in a civilization which does not produce these results. Are the virtues of prudence, justice, fortitude, temperance taught in any school in the land? Martin's physiology or exaggerated statements as to the baneful effects of alcohol on the human system, will never make young men temperate; and yet this is about the extent of the education our boys receive in our schools. A drunken Helot was a stronger object

lesson to a Roman youth. Conduct, which, as Mathew Arnold says, is three fourths of life, is not taught nor even regarded as a part of the education of children. Take the point of good manners for instance. What a pleasure in life it is to meet and be surrounded by persons of good breeding, yet how few people out of Japan are courteous and well bred. Where does the fault lie? Certainly it must be laid at the door of parents and instructors. If what we foolishly term the lower animals can be taught the very best behavior, is it not possible to teach men and women rules of action which will render them gracious in life? They need not be absolutely charming, but they can be rendered gentle and agreeable. Weir Mitchell has touched incidentally on this branch of my subject in one of his pleasant essays. In his late volume "Pain and its Consequences," he says: "I have often watched with interest a mother beside the boy in temporary pain. As a rule, she assumes from the beginning that the hurt boy is to be taught silent, patient, endurance. What! you, a boy, to cry! be a man, among his comrades, he is a cry-baby if he whimpers, a regular girl, a girl-boy. He is taught early that from him endurance is expected. The self-conquest of restrained emotion is his constant lesson." In the case of a girl, however, he says, it is different. She is assumed to be weak, and is trained to expect sympathy, and learns that to weep is her prerogative. This education of patience and unemotional endurance, he adds, must be begun reasonably early, and we may leave to the mother to make sure that it is not too severe.

This education, in our judgment, must be begun *early*, not "reasonably early." It must be begun at the mother's knee, at the mother's breast. Perversity of character is shown at the very earliest age. What steps are ever taken to modify or eradicate this serious characteristic—a characteristic which leads to so much sorrow and crime? I know it is a difficult and tedious task to change inherited dispositions, but no one I am sure will deny the possibility. Just as



the Spartans taught their children, just as so many peoples have taught their children temperance, endurance and courage, so must it be with our people if we wish to improve and strengthen the race. It is a very proud thing to be an American citizen, but let it be once understood that no one can claim this title; that he cannot be recognized by good men and women; that he cannot have any place in society—at the club or at the social board who does not possess the qualities of truth, honor and honesty, and you will have fewer criminals and fewer unfortunates. And this for the reason that from the cultivation of these qualities come all the protecting influences that society needs and which religion alone vainly attempts to secure. The *London Lancet* evidently takes this view. In an article on the Prevention of Crime it says: "We do not pretend that mere physical or intellectual culture, alone or together, will make a bad boy good. Over and above this there is needed a careful, helpful and hopeful devotion to the training of the moral nature. To educate without regarding this vital matter is to drive every screw but the loose one. In many cases, however, punishment is as useful as instruction."

A learned judge tells me that perjury is the most common crime in our country, even more common than adultery; and yet, he says, it is rarely punished. If there be one quality more than another that should qualify a man to assume the title of an American—it is truth; but I ask is truth a national tribute, a national virtue? Are our boys and girls taught to speak the truth, and the truth only! My experience is that a man whose word is his bond is as rare as the bird of Ancient story. The American is not a worshipper of truth. I can find in the deserts of Arabia a more truthful man than I can discover in the Senate of the United States. Notwithstanding this, I know no more fertile soil in which to cultivate this noble quality than in the bosom of the American youth. He is, or he ought to be, frankness itself: he has never been cowed, subdued and rend-

ered deceitful by tyranny and suffering. The trouble is his liberty is too great; it is simply license. The boy or girl who does not tell the truth should be watched with the same care and attention as an epileptic. Lying is a moral epilepsy.

Sunday school teaching, as a rule, is equally barren of results. Take prayer that simplest and highest form of worship, its nature and influence are not taught in a manner to make it efficacious in shaping spiritual life. Prayer in the school is a mere routine performance or exercise, without spiritual power or true emotion. Even in the churches it is not always spiritual or impressive. Take this sample from one of Mr. Spurgeon's lengthy prayers: "Lord, when Thou wast dying, we read Thou wert tended by two thieves; truly Thou art not in much better company when some of us are near Thee." Bishop Huntington says, "It is not scientific doubt, not atheism, not pantheism, not agnosticism, that in our day and in this land is likely to quench the light of the Gospel. It is a proud, sensuous, selfish, luxurious church-going, hollow hearted prosperity." The church then does very little in this regard. It seeks solely to plant spiritual fruit, without regard to the nature of the soil. The mental character of the child is never considered either by the pastor or the Sunday school teacher. Spiritual truths can meet with very little acceptance or produce good results unless they reach the intelligence, the intellect of the child; and these must be understood and studied by clergymen and teachers. Clergymen as a class know little or nothing of the nature or cause of crime. When so broad a man as Mr. Beecher says, "a man who has spotted and soiled his garments in youth can never make them white again; that if he once lose the purity of his character, it is a loss he never can make whole again. Such is the consequence of crime. Its effects cannot be eradicated; they can only be forgiven," what, I say, can we expect of clerics of less education and less observation? What a fearful cheerless doctrine this is, and how utterly opposed to all history and experience. From Saint Augustine; from

Saint Monica, his inebriate mother, to Parson Muller of Brighton how many examples have we of heroes, saints and martyrs who through the cross of suffering have regained strength and purity of character after having sinned and sinned deeply. That they were forgiven no man can doubt.

Matthew Arnold says,

"Ah! what soul knows another's woe?

Ah! who knows his own?"

Saint Paul said the same thing, only in stronger phrase, more than eighteen hundred years ago. "Neither do I judge my ownself for I am not conscious to myself of anything." Both the apostle of the Unknowable and the apostle to the Gentiles had been much wiser had they studied character, poor human nature in its physical as well as its mental aspects. Matthew Arnold, I do not speak for Paul, had never time, nor taste, nor disposition to study himself or other people—his world was solely intellectual; his field of labor was the field of beauty, the field of imagination, the field of the mythical and unreal, supplemented it is most true by a critical spirit and great logical power. These qualities however were not devoted to the analysis or study of human character. It is well known that he was at one time an inspector of schools and wrote a book on "Culture and Anarchy," but we all know in what a perfunctory manner the duties of the ordinary school commissioner are performed; and how far the culture of our day will cure anarchy I leave for you to determine. St. Paul was a broader and stronger character than Arnold. His insight to the spiritual nature of man is unrivaled in the history of the world. A Kempis in his "Imitation of Christ" is after Paul, perhaps the most profound and spiritual men. The woes of the world which mean the evils of the world, to be known and to be corrected must be studied with the same industry and power of criticism which are devoted to the study of the abstract sciences. "It is the physician alone," says the *New York Medical Journal*, who can lift to a higher level public conceptions of life, death and

disease. In order to fulfill his high vocation of supreme educator—controlling the relations of human life to the outer world—an exhaustive knowledge of all the surroundings of man is essential, a survey of the whole of nature. When man rises by means of modern instruction—to the momentous cognition that he has power over his own destiny and that of his offspring, life for the masses will begin to be truly worth living."

Consider the subject of marriage, an institution on which rests the very foundations of society. What has the State done, or even the Church, to preserve the well being of Society and the happiness of the race in the execution of this sacred, this solemn compact. It is true the Roman Catholic Church has established some laws relating to consanguinity, and the Church of England forbids the marriage of a man to his wife's sister, both of which provisions are wise and wholesome; but beyond this nothing has been suggested or effected for the general betterment of the race. Is there any law of the land requiring an investigation into the physical, mental, or moral conditions of those who blindly propose to be the parents of the future citizens of the republic? Is there any medical examination or inquiry as to the character, physical and mental, of candidates for the highest office in the economy of man. And, in truth in our present state how few medical men would be fitted to execute the duties pertaining to such an investigation. The character of a man or woman is not to be discovered in the respiration or circulation; not, perhaps, in the glandular system, (though I have a faint suspicion that many secrets are hidden in its texture,) it is to be found in the whole man—the composite work of the Creator—to which only great observation and experience can furnish the key. Medical men now study the mind, as far as they study it at all, through the body; the future physician will study the body through the mind. It is through the proper regulation of marriage that the State can be strengthened, crime prevented and society elevated. We are firmly convinced, says the



*British Medical Journal*, that if unions were arranged in accordance with well understood scientific principles more often than they now are we should hear less of the unhappiness or "failure" of marriage. The medical man can do more than statesmen or theologians in this great work; but he must turn away from his drugs and placebos and get into the broader field of life. Stop the breeding of criminals is the cry from every side. "Stop the reckless production of children," says Mr. Peek, the Chairman of the Howard Association, in his evidence before the House of Lords Committee, "if you wish to prevent crime." "Prevent the production of paupers and criminals; and especially their production under the permission and sanction of the State laws and social usages" says Mr. Reeve, in an address before the National Prison Congress at Boston. "The prevention of pauperism and crime is a subject for compulsory, prohibitory and penal legislation. It is a greater evil to bring into life a diseased and deformed child, when not a result of accident, than it is to take a human life. The latter act directly affects but one—at most a very few. The former directly and indirectly affects many and may affect others through whole generations. It is a greater evil to bring into life a child on the plane of hereditary pauperism or in the line of successive criminals than it would be to adopt the theory of Malthus confirming it to those planes. There is as much wrong in bringing into life a child with insane parentage as there would be in driving a sane child insane by cruel and brutal usage. There is more wrong in bringing into life a child without legitimate parentage than there is in child-stealing for the purpose of professional beggary." These views of Mr. Reeve were received by general acclamation and met with general acceptance from the Congress; but they do not go far enough; they are not radical enough. The theories of Malthus are insufficient to arrest this great evil as are also the sinful and nasty devices and subterfuges of France and New England. The Legislature of Kentucky has a bill before it to prohibit

marriage with an idiot, lunatic, pauper, vagrant, tramp, gambler, felon, or any person physically helpless or unfit for the marriage relation, or any person with a violent temper. This should be the legislation of every State in the Union. Of course it is only under the direction of medical men that statutes like this can be justly and intelligently enforced; but legislation must go further. The habitual criminal, man or woman, must be deprived of the power to procreate—the power to produce his or her kind. The criminal must be made a eunuch for society's sake, if not for the sake of the kingdom of Heaven. There is no cruelty, no barbarity in this—it is mercy itself.

This procedure does not in anywise conflict with religion. The Church does not object or interpose to prevent the State taking the life of a man for any crime; consequently it cannot consistently oppose a measure looking solely to the deprivation of certain powers of life, particularly when this can be done without danger or great suffering. Origen and Abelard, the two greatest scholars of their times, underwent this penalty the one voluntarily from religious motives, and the other involuntarily for an infraction of the moral law. The choirs of the Churches on the Continent were filled for centuries with *Castrati*, and Clement VII. allowed condemned prisoners to be used as means of experiment. In the case of women thousands of ovaries are destroyed yearly for real or imaginary disease without any protest on the part of society. There are but a few hundred females in the United States who are habitual criminals; of course the men are numbered by thousands. Would there be any cruelty in the emasculation of such a criminal as Joe Beard, of our City—a man of crime heritage and a procreator of criminals. Will not his son and daughter in their turn produce criminals, and will not the State be burthened with them for years to come as was the case with the Juke family in New York with its six generations of paupers, idiots, thieves and burglars?

In carrying out suggestions of this

character the State must rely, as I have before stated, on the knowledge and judgment of medical men fitted by education and training for the task. The faculties to be studied and observed are, to use the language of Lord Chief Justice Cockburn, "the instincts, the affections, the passions, the moral senses, perceptions, thought, reason, imagination, memory." This is a wide field, but it is one that can be readily traversed. It is that form of mental physiology that every educated physician should be acquainted with, if he desires to secure complete roundness of medical character. The study must be begun, however, as I have before stated, at an early period of student life; it must be a daily, a constant labor. There is no difficulty in this; the subjects are always to be had; every human face is a source of study; every head has written on it lines that he that runs may read. It is one of the glories of our profession that it gives play to every department of mind, that it affords a field for the most diversified powers of the human understanding—that it gives scope to untiring patience and the largest human sympathy. It is only necessary for the exercise of these gifts to observe rules of exact observation—to cultivate the critical power—the power of analysis and the faculty of seizing and defining inflections of character. To possess, as a writer says, the physician's eye, the physiognomic diagnosis which takes in the look, the expression, the attitude, the tone—the whole character of the individual, and that external display of thought and feeling which affords a key to the inner life of the man.

Did time permit, it would be an interesting study to analyze the various elements of character that enter into the constitution of the criminal. The malingerer, the tramp, the swindler particularly afford curious physiological traits. The malingerer is the *bête noir* of medical men. He excels in powers of dissimulation, which the closest scrutiny cannot always disclose.

A very remarkable case of malingering occurred in our own city. About fifteen years ago Henry Barlage was con-

victed in the Criminal Court and sentenced to eighteen years confinement in the penitentiary for the murder of his brother. At the trial the defense endeavored to establish a history of epilepsy and contended that the murder was committed in a state of unconsciousness due to an epileptic seizure. A medical gentleman, no doubt misled by the statements of the family, testified very strongly in favor of this hypothesis. Barlage, however, through the strenuous efforts of the State's Attorney was convicted. After his removal to the penitentiary he commenced a course of dissimulation and feigned insanity so successfully that he imposed on the prison officials as well as the medical officers. Under the belief that he was insane he was removed to Mount Hope; there with equal facility he deceived the medical Superintendent. He remained under treatment for more than a year, when his clever trickery was exposed by the interception of a letter addressed to his sweetheart, in which he boasted of his wonderful success as a feigner. He was remanded to the penitentiary, where he remained for ten years a docile and obedient prisoner, giving no evidence of mental disease. Dr. Byers, of Ohio, who was at one time Chaplain of the State Prison, relates a similar instance in which the physician of the prison was imposed on by a man who had simulated meningitis, and believing him to be suffering from this trouble, certified to the Governor that the prisoner had cerebro-spinal meningitis. The Governor, on reading the Doctor's certificate, pardoned the man, and the prisoner was sent home to die. It required three men to convey him out to the carriage. Three hours afterwards he was discovered in a private room in the best hotel in the city, surrounded by boon companions, drinking "Mother Cliquot" as jolly as old Falstaff himself.

The tramp is of a different species; he is born tired and during his whole life practises and preaches the "gospel of rest."

He has been admirably described by Dr. Austin Abbott in an essay read be-



fore the Society of Medical Jurisprudence and State Medicine of New York. Dr. Abbott says "The tramp appears to be one variety of that great class of offenders the key to whose character is found in diminished and unbalanced or incomplete nervous activities, The nerves of sensation or the centres of the spinal cord and brain which should respond to the nerves of sensation are depressed, sluggish, dull. The sensations of cold, wet of naked skin and bare feet, make little impression; the irritation of filth and vermin—all these things are not enough to arouse the brain to energy and the body to activity. Rather than earn the money to pay his fare or his lodgings, he will ride smothered in the dust under a freight-car, or sleep in a dry-goods box or on the sidewalk grating over a warm cellar. Foul smells do not annoy, stale victuals do not disgust, sour beer does not excite aversion. That part of the nervous system which serves the lungs and the digestive system appears to be in excellent order. The appetite is admirable; he is no dyspeptic. The respiration is vigorous, and commonly through the dull, inert-looking skin a ruddy circulating system shows itself. The tramp appears to be a man of good bone and muscle, who has fallen out of the ranks of civilization because the inadequate amount of nervous activity he possesses is nearly all employed in what have been called the vegetable functions, leaving not enough for intelligent cerebration or even the ordinary reflex actions necessary for such industry as would keep his bones and muscles in any productive employment.

His characteristic offences are those of a sturdy brute; he breaks fences, tramples down the meadow, rifles the pantry, assaults or frightens women, pollutes the path and fouls the spring. There is no danger that he will commit forgery. His nervous forces are not adequate to the work of a counterfeiter. There is not life enough in his brain to carry him into the perpetration of a commercial fraud or even a confidence game. The crimes of ingenuity and skill he has no mind for. Crimes of passion are, with but occasional excep-

tions, above his sluggish level; and the exceptions are those which are committed when the vigorous wants of his vegetative functions impel him to an unusual effort, or a refusal to minister to them awakens an ill-will, which, in respect of intelligence is only a few degrees above that of a vicious beast.

Dr. Abbott's analysis of the Dead Beat and the Crank is equally happy and equally scientific. In contrasting the crank and the tramp he says "The tramp lives in his appetites, without the aid which a sensitive organization gives to securing selection and preparation of desirable food and drink and lodgings. The crank lives in his ideas, without the aid to judgment—and therefore without the check to conduct—that comes from the proper coördination of ideas."

The swindler occupies a higher plane in the ranks of roguery. He is a man of activities, of tact, address and immense powers of invention. There is a charm in the mere fact of swindling to the swindler—the very risk to him is pleasant—the idea of deceiving and outwitting shrewd people is flattering—it shows a superiority of mind. The risk and expectation of detection, has too, its pleasing side. The female swindler is, above all, a remarkable creature—her capacity for deceit and talent for lying—her blandishments and arts are marvelous and manifold and surpass anything told in fiction. Becky Sharp is a good type of this class. The gullibility of men and the weakness born of their vanity are the key-note to her action. She does not realize personal danger, indeed, it is in itself a source of excitement. The uncertainty of the venture has the charm that the gambler experiences. Women always hope to escape, even when detected, through the sensibilities of their victims.

The meanest and most despicable of swindlers is the religious tramp, who earns a livelihood by "loafing round the throne." Hypocrisy, deceit, falsehood, blended with a large infusion of laziness, and sanctimoniousness are the elements that enter into the constitution of this lovely hybrid.

The length of this address prevents

my dwelling on further phases of crime. The chronic beggar, the drunkard, and confidence man and the kleptomaniac are most interesting object lessons for the student of character.

In cases where criminal instincts exist they must be curbed at the very onset. It is very difficult to draw the exact line between good and evil, just as it is to draw the line between health and disease. There are no doubt many persons in our prisons with imperfectly trained mental powers—persons in whom the inhibitory functions are weakened and disturbed. It is necessary to diagnose these cases and to distinguish between the occasional and the habitual criminal. In every case the individual psychical development must be studied and the biology, so to speak, elucidated. It is too late when the child has become a man, when he has been suffered to glide into crime, to wholly undo the evil. Then the State intervenes and the Church realizes the condition, and hastens to interpose its offices to save. The great master of Rugby said that the first, second and third duty of a teacher is to get rid of unpromising scholars so as to make a school perfect—but who, in Heaven's name, is to take care of these weaklings? Must they be left to the tender mercies of the world? No, they must be cared for and their lives shaped by scientific and rational training. Their idiosyncrasies are strongly marked from the beginning.

Have you not noticed a thousand times on the doors of counting rooms, lawyers' offices, banks and other public places the staring placard: "Please shut the door," which has insulted you personally, but the necessity of which you have inwardly acknowledged? Have you ever thought what that warning, or rather appeal, meant? I will tell you what it truly means. It means that the adult man or woman who neglects to shut a door is a person whose mental training was neglected as a child; that the parents of the child were themselves deficient in character, and that the medical attendant of the family had never discovered any weaknesses in the household. The boy that neglects to

shut a door, or shuts it in a half-hearted manner, is always a failure in life. He grows to manhood emasculated and weak. He does not always, indeed not generally, prove a criminal, but he is supported by relations or depends on society for support. When a youth is careless and slipshod in manner and character he develops into the tramp, the Arab, the canvasser, the showman, the seller and trader in small notions and wares, or still worse (*horresco referens*), the book agent. To protect society against this badly educated creature, it was found necessary to invent the automatic door; to give to dumb wood and iron the attributes that belong to rational beings. Suppose that to this weak, careless, thoughtless boy that I have described there had been administered a round of mental and moral tonics in the manner we administer strengthening remedies to the physically weak—say, large doses of the oil of kindness and care, the iron of regimen, the phosphates of restraint and obedience, and small doses of witch hazel in the form of the hazel rod. Do you not think that instead of the weakling who never shuts a door; who is a failure in life; whose outward marks are as obvious to the common eye as his inward characteristics are palpable to the educated and observant, you would have, if not a strong man, at least a thoughtful one, a careful one, a provident and a useful one. Causes of moral depravity have their origin in just such beginnings as I have feebly sketched.

Even after men have glided into crime the offices of the medical man can be made useful. As I have said on another occasion:

"The physician is of all men the fittest to deal with the criminal. Scientific training gives a much wider range to his vision, so that he acquires a truer grasp of human character. This is particularly the case if he is a religious man, that is a man who weighs his daily life, and recognizes the responsibilities of his state and the power of duty. The prisoner will open his heart and unveil his secret nature to the physician in preference to the chaplain or other officers



of the prison. Not only will he lay bare his physical ailments, but his mental and spiritual trials. It is in dealing with these troubles that the physician can not only exercise a beneficial influence on the prisoner himself, but also secure efficiency in the discipline of the prison. What the prisoner needs above all things in his dreary and cheerless life is the presence and counsel of a friend. As soon as he feels that he has a friend, he becomes a happier and a better man. He then feels that he has some one to lean on; some one to look up to; some one to confide in, and trust. This gives him hope; and with hope left, no one is utterly wretched. From a melancholy, neglected, lonely being, he is transformed into a bright, cheerful and healthful man. To perform this salutary work the physician must have a special gift, and deeply feel the sacredness of his functions."

A great deal is said about original work in these days of words and phrases. Though not intended to be, this is mere medical cant. "Out of the old books comes all the new learning; out of the old fields comes all the new corn," says Chaucer. A proper study of old truths in the light of present experience is, no doubt, profitable, if done for the betterment of the race; but I question the usefulness of work done from mere curiosity or a vain desire to be deemed wise and scholarly. What is termed new and original is frequently as old as literature itself. The discovery of the functions of the nervous system ascribed to Sir Charles Bell and Marshall Hall is to be found in Albertus Magnus hundreds of years before they were born, and the doctrine of evolution, supposed to be the outgrowth of our own day, is clearly to be found in the writings of St. Augustine.

Let us have this original research, but let it take the right direction. Let it be directed to the foundations of life; to the evolution and building up a higher intellectual and moral constitution of the race; not to a childish search after pebbles and toys, of jack stones in place of the true gold.

In any and every event our work will

go on—our profession will live as long as the ages endure. The more we advance in knowledge, the more the world will need us. As the astrologist, the alchemist, the barber of the middle ages gave place to the pompous and pedantic oracle of the seventeenth and eighteenth centuries with his latinity, his lancet and his squirt—the last like the spear of Telamon, which healed at one end the wound inflicted by the other; and as this oracle was followed by the man of the present time with his ologies and marvellous nomenclature, his thousands of drugs, his hypodermatic syringe and his microscope—seeking after the unseekable—so in the future this present man will be succeeded by a race of men of advanced thought, of truer convictions, of stronger culture, of higher and broader views—to the end that the State may be enlightened, society improved, humanity benefitted and religion exalted.

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TRANSPLANTATION OF MUCOUS MEMBRANE FROM THE MOUTH TO THE CONJUNCTIVA.—Dr W. F. Smith, in the *Archives of Ophthalmology*, reports the case of a child, subject of cicatricial contraction of the upper eye lid, resulting from ophthalmia neonatorum, in whom he transplanted a portion of the buccal membrane. The contraction of the cicatrix on the inner surface of the lid had incurvated the lid, so that the lashes irritated the ball. With antiseptic precautions an incision was made on the inner surface of the lid parallel with its border through the cartilage and orbicular muscle. This was made to gape, and the graft fitted to it and secured in place by sutures. The entire graft lived, and the result was perfect.—*Cincinnati Lancet-Clinic*.

In addition to the International Congress on Therapeutics and Materia Medica, an International Congress of Hygiene and of Demography will be held in Paris from August 4th to 11th, 1889, at the Faculty of Medicine.

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Editorial.

MEDICAL AND CHIRURGICAL FACULTY.

—The ninety-first annual meeting of the State Faculty has passed with evident satisfaction to all. The President's Address which we print in this number is an able article on the subject of crime by a man who has made such a theme his life study. He has ably dealt with it and has viewed the subject of prophylaxis in a novel and sensible way. The annual address was on a subject that many call hackneyed, but it is a subject which should always be discussed. When man ceases to cry "en avant" then he will go backward. If our standard of medical education is raised this year, it must be raised again in future years. "The old order changeth," all sciences are pushing forward and making progress, medicine must not lack and medical education must be up to the needs of man and the level of other sciences. It is useless to attempt to emphasize the speaker's words by repetition. He drew the plan clearly. The Faculty is to be congratulated on its annual orator and his subject.

The Sections too responded by papers which did credit to their chairmen. The membership did not increase in proportion to the number of new and eligible doctors in this State. This of course was due to the heavy dues which has kept members out heretofore.

The result of the election of officers was satisfactory to this body as a whole. Of course some with private ambitions did not reach their heart's desire, but the work done as a whole and the outlook for another year is a subject of satisfaction and congratulation to all members.

PHAGOCYTOSIS.—The study of the amœboid movement of cells and diapedesis of white blood corpuscles has always been an interesting one, but aside from its interest many have sought to get some practical explanation of these processes, not only to satisfy their own ambition but to answer the host of medical idlers who "continually do cry" *cui bono* at all work which to them seems unpractical.

Metschnikoff of Odessa who has given years of study to this subject, brought out in Virchow's Archives of Pathological Anatomy about two years ago his theory as to the rôle played by these leucocytes. His theories have received active support by almost all writers who have taken the trouble to investigate them practically, except Baumgarten who takes exception to many statements in regard to the action of the leucocytes on the anthrax bacilli.

Within the past two months Osler has reviewed the whole subject in a clear and careful way and has added to his experience of many years study of Laveran's organism of malaria.

From the mesoderm are derived certain cells having limited power of movement and power to take foreign particles into their interior.

"These mesodermic cells in the adult body, which are capable either of free amœboid movements or of taking into their protoplasm solid particles of various sorts, are met with:



(1) As the colorless corpuscles of blood and mucus.

(2) The connective-tissue cells, free and fixed, within the connective tissue proper, or forming the supporting framework of the solid organs.

(3) Cells of the spleen, bone, marrow, and lymph glands.

(4) The vascular and lymphatic endothelium.

(5) The alveolar epithelium of the lungs.

All of these cells possess, in a greater or less degree, the power of taking solid particles into their interior, virtually, as we say, of eating them." (Osler.)

Thus Metschnikoff explains the removal of the tail of the tadpole by saying that as the legs began to bud, the phagocytes migrated to the tail and by their phagocytic action ate it off. Metschnikoff also claimed that the phagocytes guarded the body from disease and removed harmful substances from the body.

This is especially exemplified in the organs of respiration. If this theory is true that disease germs are in all parts of the atmosphere particularly in crowded districts, then we naturally must inhale them at times. Sternberg and others claim to have found the organism of pneumonia in the saliva of healthy individuals. We know that in dusty occupations the saliva and sputa are loaded with pigment cells and in case of miners, etc., the sputa contains dust even for a long time after they have ceased to work in the mines. In the healthy individual the phagocytes are always on the alert and like a body of soldiers are ready to attack invaders.

If disease germs find their way into the mouth or lungs these phagocytes rally around them and devour them if possible, or else if the individual is not healthy, they are not sufficiently active and succumb to the bacilli and are defeated and die. In the case of a miner or one inhaling much dust, the phagocytes close around the particles and carry them out aided by the ciliated epithelium. It is not an easy matter to get a good specimen of a phagocyte or "carrier cell" containing bacilli, but in a miner's lung, the phagocytes may be

seen stuffed often almost to bursting with pigment and angular pieces of coal. This may be seen on a larger scale by examining the pond amœbæ.

In the spleen which is said to be the grave of the red blood corpuscles phagocytes may be seen containing red corpuscles either in whole or in bits. In some animals (horse) this is better seen than in man. In malaria, Osler has found very little evidence in the blood favoring the theory of phagocytosis. However the subject is not yet exhausted and Osler's conclusions are that while phagocytosis is a widespread and important physiological process throughout the animal kingdom, and while it undoubtedly plays a most important part in many pathological conditions, the question of an active destructive warfare waged by the body cells against the micro-organism of disease must still be considered an open one.

### Miscellany.

#### THE HAPPIEST OF NATIONS—FRANCE?

—It has been said that the happiest nation is that in which the proportion of men and women is most nearly equal, in which the number of illegitimate births is least, which contains the greatest number of healthy adults, in which the average life is longest, and in which the proportion of people beyond sixty years of age is the highest. According to the *Paris Temps*, France is the country in which all these conditions are most fully met. While in Great Britain there are 750,000, and in Germany 1,000,000 more women than men, in France the excess is only 92,000. Between the years 1825 and 1867 the illegitimate births varied in the different countries of the Continent from 8.2 to 25 per cent., but in France they were only 7.2 per cent. The mortality in England is 31, in Germany 38, and in France 23.8. The proportion of inhabitants between fifteen and sixty years of age is greater in France than in any other country, and the same favorable showing is made for the average duration of life and for the number of vigorous old people.

Investigations by M. Chervin, published in a recent number of the *Gazette Hebdomadaire des Sciences Médicales de Bordeaux*, show that, of 10,425,321 families in France, 2,073,205, or twenty per cent., are childless; 2,546,611, or twenty-four per cent., have but one child each; 2,265,317, or twenty-two per cent., have two children each; 1,512,054, or fifteen per cent., have three children each; 936,853, or nine per cent., have four children each; 549,633, or five per cent., have five children each; 313,400, or three per cent., have six children each; and 232,188, or two per cent., have seven children each.

Excluding the 2,073,205 families that have no children, there are only 8,352,116 that contribute to the increase of the population. This gives an average of 259 children for every 100 families, but if those having no children are included the average will be but 207 for each 100 families, or a little more than two children in each household. Those having no children, the families being unrepresented, drop entirely out of existence in time. Of those having only one child there is only one representative for father and mother, and such families, unless by alliances with others, would disappear.

Families having two children would barely be represented if sickness, wars, epidemics, and other causes did not reduce the number thus left. Only 3,544,188 families, representing thirty-four per cent., contribute to maintain the population; while 6,881,133, or sixty-six per cent., contribute nothing. This small increase explains the almost imperceptible increase of the population in France.

The departments having the least increase are those in the northeast, the northwest, the southeast and the southwest. In these the average number of children for 100 families is from 200 to 228.

The departments having the greatest increase are Brittany and Poitou on one side and Savoy, Auvergne, etc. In the north, Flanders and Loire scattered, which give an average of 285 to 340 children in the household.

The *Journal Officiel*, recently issued reports the vital statistics for the last year as follows: 278,056 marriages, 899,333 births, and 842,797 deaths, showing an increase in the population of 56,536 individuals, or 3920 more than during the preceeding year. In spite of the increase, however slight, it is noteworthy that there is a steady decrease (12,808 annually) in the births during the last seven years. Of the total number of births registered during the year, 73,854 were illegitimate, giving a proportion of over 8 per cent. of the whole. In the department of the Seine (Paris) the percentage reached the high figure of 25, while in that of Finisterre it sank to 2. The average number of deaths per 1000 for the year was 22.

The total number of *suicides* was 7572. Of these, one-fifth were in and around Paris. Poverty appears to have caused only 483 suicides throughout France, and this number includes a morbid fear of impending misery without actual privation. To mental aberration 1975 cases were traced, and 1228 to physical suffering. Among the moral causes domestic trouble comes first, and alcoholism next. Disappointed love and jealousy caused respectively 200 and 27 cases; dislike of military service, 25. The suicidal month of the year is July, and it is noteworthy that since the establishment of the *fête* on the 14th, suicides have increased.—*Sanitarian*.

LABORATORY WORK AND MEDICAL PRACTICE.—It is in the matter of the building, equipment, and maintenance of laboratories that our means for furthering medical study are mainly advancing in this country. Almost every one of our large schools now has laboratories for the study of chemistry, embryology, histology, physiology, bacteriology, and other special branches of knowledge that should underlie the pursuit of medical learning in its strict sense; and the prominence with which they figure in college announcements has almost come to eclipse that with which the clinical facilities of the schools are set forth. Moreover, the laboratory teachers are accorded a far more exalted



station than their prototypes, the old demonstrators of anatomy, were in times gone by. In short, this is the age of laboratories. The reason of this state of things is not difficult to perceive. Laboratory work is not a mere "fad," nor are the laboratories of the present day simply manifestations of the evolution of the old dissecting-room. So many of the questions on which the medical doctrine, and consequently the medical practice, of the period turns are of a nature to be settled only by laboratory study that laboratories are established and kept up as a matter of necessity. That they have before them many a problem of prime importance to struggle with cannot be doubted; the medicine of the future is unquestionably to be founded in great measure on laboratory research. It is not to be wondered at that the brightest of our young men, perceiving this state of things, are in many cases ambitious of distinction in laboratory work rather than in the clinics.

Yet it must be confessed, we think, that laboratory work, while it calls for acuteness and for methodical ways, makes no such demands upon the intellect as are encountered in the pursuit of pure excellence in medical practice—in the diagnosis, prognosis, and treatment of disease. It is true that the art of diagnosis is largely reached by proficiency in chemical and microscopical examinations and by skill in other ways of detecting objective signs; it is also true that the treatment of disease calls for a considerable development of precision in the use of the senses and of means that must be regarded only as their adjuncts; but in the matter of prognosis, which Trousseau held to be the truest test of medical skill, the problems are such as tax the understanding and the judgment almost exclusively, and their solution is not to be furthered in any great degree by mere technics. But all kinds of knowledge are useful, and knowledge obtained by his own laboratory study is far from superfluous in the physician's every-day work. Still, those who occupy themselves for the most part in such study, labor chiefly to bring forth material that is afterward to be fashioned into useful shape by the clinicians, and must be

content if it conduces in but slight degree to their own excellence as practitioners. Hence some self-abnegation is involved in the devotion of one's life to laboratory work, though there are doubtless compensations of no mean magnitude. It is not unfair, therefore, that laboratory workers should be accorded the dignity to which allusion was made at the outset, but it should not be forgotten that, as one star differeth from another star in glory, credit is to be attained both in the fundamental research of the laboratories and in the vivification of bare facts by applying them in medical practice; the one is complementary to the other, and neither exceeds the other in importance.—*N. Y. Med. Journal.*

### Medical Items.

Dr. John Morris, President of the Medical and Chirurgical Faculty, gave a very enjoyable reception to Dr. William Osler, the Annual Orator and the out-of-town members. The attendance was large and the supper most luxurious.

The opinion of the Supreme Court of Wisconsin, by Lyon, J., holding that a clairvoyant physician is liable for failure to exercise the ordinary skill and knowledge of a physician in good standing, practising in the vicinity, and not merely to the ordinary skill and knowledge of clairvoyants. If he holds himself out as a medical expert and accepts employment as a healer of diseases, but relies for diagnosis and remedies upon some occult influence exerted upon him, or some mental intuition received by him when in an abnormal condition, he takes the risk of the quality of accuracy of such influence or intuition. There are so many persons now who assume to act as physicians and take the lives of people in their hands that this decision holding them to a strict liability may perhaps be timely.—*Legal News.*

The following appropriations have been made by the city. Bayview Asylum, \$85,000.00; Homœopathic Free Dispensary, \$700.00; Northeastern Dispensary, \$900.00; Eastern Dispensary, \$700.09; Southern Dispensary, \$1,200.00; Baltimore General Dispensary, \$600.00; Baltimore Medical College Free Dispensary, \$1,000.00; Northwestern Free Dispensary, \$400.00; College of Physicians and Surgeons Dispensary, \$800.00; Woman's and Child's Dispensary, \$500.00; Baltimore University Dispensary, \$500.00; University of Maryland Dispensary, \$800.00; Polyclinic Dispensary, \$300.00; College of Dental Surgery Dispensary, \$500.00; Washington University (College of Physicians and Surgeons), \$6,750.00; University of Maryland, \$6,750.00; Baltimore University Hospital, \$2,535.00; Maryland General Hospital, \$4,435.00.





